Understanding Testicular Cancer

A guide for men with cancer, their families and friends.

The Cancer Council
New South Wales

*Building a
Cancer Smart
Community*

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Editor: Laura Wuellner
Cartoonist: Greg Smith

The Cancer Council New South Wales

The Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs.

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The Cancer Council New South Wales
153 Dowling Street
Woolloomooloo NSW 2011

Cancer Council Helpline: 13 11 20
Telephone: (02) 9334 1900
Facsimile: (02) 9334 1741
Email: feedback@nswcc.org.au
Website: www.cancercouncil.com.au

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New South Wales

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Introduction

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

Many men feel understandably shocked and upset when told they have testicular cancer. We hope this booklet will help you understand how testicular cancer is diagnosed and treated. We also include information about support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about questions you want to ask your doctors or other health carers.

You may like to pass this booklet to your family and friends for their information.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you.

Some medical terms that may be unfamiliar are explained in the glossary.

If you're reading this booklet for someone who doesn't understand English, tell them about the Cancer Council Helpline which is available in different languages (see page 49).

Contents

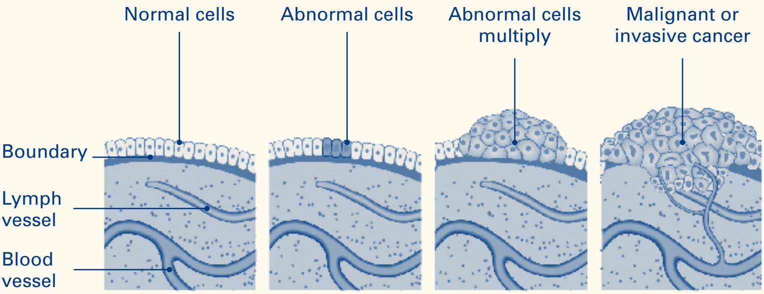
What is cancer?

Cancer is a disease of the body's cells, which are the body's basic building blocks. Our bodies constantly make new cells: to help us to grow, to replace worn-out cells, or to heal damaged cells after an injury.

Normally, cells grow and multiply in an orderly way, but sometimes something goes wrong with this process and cells grow in an uncontrolled way. This uncontrolled growth may result in abnormal blood or lymphocyte cells, or may develop into a lump called a tumour.

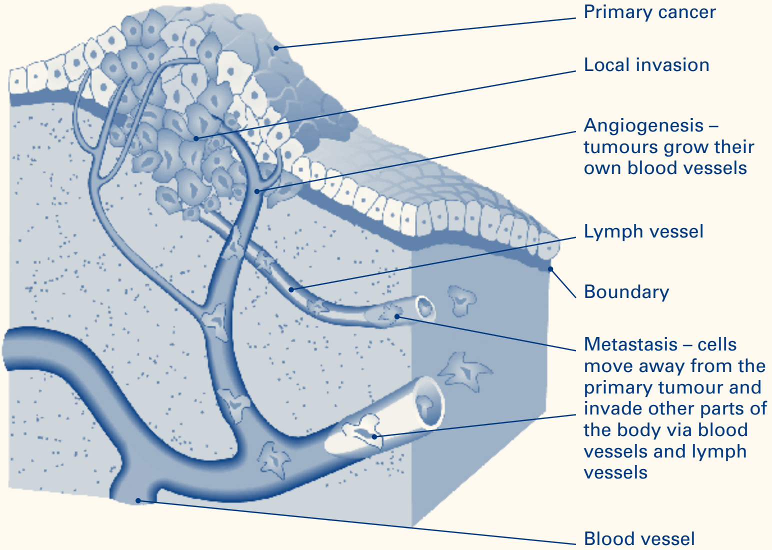
A tumour can be benign (not cancer) or malignant (cancer). A benign tumour does not spread outside its normal boundary to other parts of the body. However, if a benign tumour continues to grow at the original site, it can cause a problem by pressing on nearby organs.

The beginnings of cancer



Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

The Cancer Council Victoria ©



How cancer spreads

The Cancer Council Victoria ©

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may not have invaded nearby tissue. This is known as a cancer in-situ (or carcinoma in-situ). As the tumour grows, it invades surrounding tissue becoming invasive cancer. An invasive cancer that has not spread to other parts of the body is called primary cancer.

Sometimes cells move away from the original (primary) cancer and invade other organs and bones. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

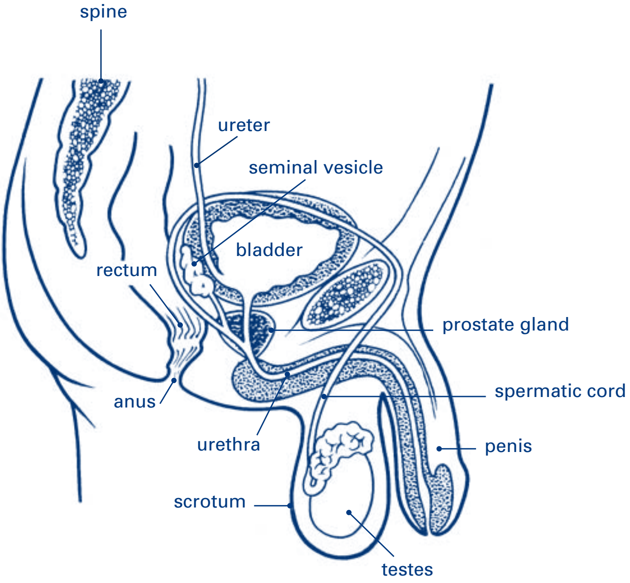
The testicles

The testicles (also called testes) are part of the male reproductive system. These two small, egg-shaped glands sit behind the penis in a pouch of skin called the scrotum.

The pipeline that runs from the testicle to the penis is called the spermatic cord. It contains a tube that carries sperm (the vas deferens), blood vessels, nerves and lymph vessels.

The testicles produce and store sperm. They also make the male sex hormone, testosterone. Testosterone promotes the development of male sex characteristics such as a deep voice, facial hair and muscles.

There are many lymph nodes and vessels in the area around the testicles and in the abdomen. These drain lymph fluid from the tissues back into the bloodstream.



Testicular cancer – your questions answered

What is testicular cancer?

Cancer that develops in a testicle is called testicular cancer. Usually only one testicle is affected, however in some cases, both testicles are affected.

Most testicular cancers start in the cells that make sperm, called germ cells. The two main types of testicular cancer, seminoma and non-seminoma, are sometimes called germ cell tumours.

- **Seminoma** is the most common type of testicular cancer. It usually occurs in men aged between 25 and 50.
- **Non-seminoma** is a type of testicular cancer that is more common in younger men, usually in their 20s. Non-seminoma is made up of other types of testicular cancer that are generally all grouped together, including choriocarcinoma, embryonal carcinoma, teratoma and yolk sac tumour.

Sometimes a testicular cancer can be a mix of seminoma and non-seminoma or a combination of the different types of non-seminoma.

Causes of testicular cancer

The causes of testicular cancer are unknown, however certain factors may increase a man's chances of developing it:

- **Undescended testicles:** Before birth, the testicles develop inside the baby's abdomen. After birth or within the first year of life, the testicles usually move down (descend) into the scrotum. If the testicles don't descend, doctors perform an operation to bring them down. Though having this operation reduces the risk of developing testicular cancer, men who were born with undescended testicles are still more likely to develop testicular cancer than men born with descended testicles.
- **Family history:** A man with a father or brother who has had testicular cancer is slightly more at risk. If you are concerned about your family history of testicular cancer, you may wish to ask your doctor for a referral to a family cancer clinic and/or urologist to provide information on the most suitable screening for you and your family.
- **Human Immunodeficiency virus (HIV):** There is some evidence that HIV infection may increase a man's risk of testicular cancer.

There is no known link between testicular cancer and injury to the testicles, sporting strains, hot baths or wearing tight clothes.

> I was having a shower when I noticed my right testicle was larger than it should have been, which was surprising because there was no pain.

What are the symptoms?

In some men, testicular cancer does not cause any symptoms. Other men may experience some of these changes:

- swelling or a lump in the testicle (usually painless)
- a feeling of heaviness in the scrotum
- changes in the size or shape of the testicle
- a feeling of unevenness
- aches or pain in the lower abdomen, testicle or scrotum
- enlargement or tenderness of the breast tissue
- back pain
- stomach aches.

These symptoms are common to several conditions such as cysts or a collection of watery fluid, and may not be testicular cancer. Only tests can confirm your diagnosis, so you should see your GP. For more information about diagnostic tests, see the *Diagnosis* section on page 12.

How common is it?

Testicular cancer is a rare type of cancer – it is the 18th most common cancer in males. In 2005, 214 men in NSW were diagnosed with the disease, accounting for 1.1% of all cancers in men.

Testicular cancer is the most prevalent in men aged 30 to 39. It may develop in younger or older men, but this is uncommon.

Though the number of men diagnosed with testicular cancer increased by 20% from 1996 to 2005, testicular cancer remains the most curable solid organ cancer.

Personal story

Chris Reason has been reporting for over 20 years and has anchored every one of Channel Seven's news programs. He is also a survivor of testicular cancer.

"I first noticed something wasn't right in 1998. My right testis was red and swollen, but like most blokes I just lived with it for a while. I figured it probably wasn't anything major and it would go away by itself. It didn't and after a while I thought it was time to see a doctor.

Blood tests and CT scans confirmed I had testicular cancer. The very next day I was in hospital. The operation was very quick – only about an hour – my right testis was removed. I was told this should be the end of it, and I was relieved that my flirtation with this awful disease was a short one.

The doctors stressed that from here on in I needed to be vigilant and so I was having a check up in September each year – that was until September 2001, the time of the attacks on the World Trade Center. Channel 7 flew me to America and I spent a hectic two months there, forgetting about my annual checkup altogether. It wasn't until a whole year later in September 2002 that I remembered.

I took myself off to the specialist and sure enough the cancer had come back. This time it was much more serious; a stage 2 cancer that had climbed up my abdomen, and reached my kidneys and lymphatic system.

It was then I began a gruelling seven-month battle. My treatment included three and a half months of chemotherapy with intense daily sessions. The problem is the chemo battles not just the disease but also your body. I had a slow decline, lost my hair, my energy and a lot of weight. At one point I had lost over 15 kg. I felt tired all the time.

> There is an amazing clarity that comes to you when you are fighting something like cancer – everything becomes simple. You realise that your image, your bills, whether or not you've mowed the lawn – all the things we worry about – are unimportant. You wake up and think, am I alive today? Yes! Then keep going.

But by the end of January 2003 the doctors were confident the cancer was gone, but the tumours were still in my body. They gave me a choice to leave the tumours there or undergo major surgery to remove them. Leaving the tumours in my body was a bit like carrying a time bomb; they had the potential to become active at any time.

I agreed to undergo an eight-hour operation, and spent the next 10 days in recovery.

To this day there has been no recurrence of cancer."

Diagnosis

You will usually begin by seeing your GP, who will examine your testicles and scrotum to check for lumps or swelling. You may find this embarrassing, particularly if you have never had a doctor perform this type of examination.

If the GP suspects a lump, you will probably be referred to a urologist. In most cases, the urologist will also examine your scrotum for lumps and order some diagnostic tests. You may have some or all of the following tests:

BE A MAN.
GET A DOCTOR TO
CHECK YOU OUT.

Ultrasound

An ultrasound scan uses sound waves to create a picture of your testicles.

A gel is spread over your scrotum to conduct the sound waves. A small device called a transducer is passed over the area. The device sends out sound waves that echo when they encounter something dense, like a tumour. The ultrasound images are projected onto a computer screen.

An ultrasound is painless, and only takes about 15 to 20 minutes. Most men can leave after the ultrasound is complete.

Blood tests

Blood tests will be taken to check your general health and how well your organs (such as your kidneys) are working. The results of these tests will also help you and your doctors make decisions about your treatment.

Tumour markers

Some types of testicular cancer produce chemicals that are released into the blood. These chemicals, called tumour markers, are the hormones that the cancer cells produce.

If your blood test results show an increase in the levels of tumour markers, you may have testicular cancer. Other factors may also cause your tumour markers to rise, such as liver disease or blood disease.

Raised levels of tumour markers are more common in non-seminoma and mixed tumours than in seminoma. It is also possible to have a type of testicular cancer and not have raised tumour markers.

The three most common tumour markers are:

- **alpha-fetoprotein:** raised in non-seminoma cancers
- **beta human chorionic gonadotrophin:** raised in some seminoma and non-seminoma cancers
- **lactate dehydrogenase:** raised in seminoma and non-seminoma cancers.

You will have blood tests to measure the level of the markers in your blood throughout your treatment and follow-up. Your tumour marker levels will decrease if your treatment is successful and increase again if your cancer is active.

Removing the testicle

None of the tests described on pages 12 to 13 can definitely diagnose testicular cancer. The only way this can be done is by surgically removing and examining the affected testicle.

For most cancers, doctors make a diagnosis by removing and examining a small piece of tissue from the tumour. This is called a biopsy. Doctors do not usually perform a biopsy of the testicle because there is a small risk that if testicular cancer is present, a cut through the scrotum may make the cancer more likely to spread to other parts of the body. Instead, doctors usually remove the whole testicle. This operation is called an orchidectomy.

To remove the testicle, a cut is made above the pubic bone in the groin. The testicle is pulled up and out by the spermatic cord. The cord is also removed because it contains blood and lymph vessels that may act as a pathway for the testicular cancer to spread to other areas of the body.

An orchidectomy, which is done with a general anaesthetic, usually takes about an hour. However, you may have to stay a day or more in hospital to recover. After the operation, you will have a few stitches in your groin.

Most men only have one testicle removed, however, if both of your testicles are affected, your doctor may remove both (bilateral orchidectomy). The removal of both of your testicles will make you infertile, so you should talk to your doctor about storing sperm before the operation. See page 45 for more information.

The removal of one testicle does not affect your ability to have an erection or to father children. However, losing a testicle can be difficult and it may help to talk about it with other people. For more information see page 46, *Seeking support*.

If the cancer has not spread beyond the testicle, an orchidectomy may be the only treatment you need. However, after the operation your doctor will encourage you to have regular checkups.

Side effects

After your surgery, you should be able to return to work and activities such as heavy lifting within about six weeks.

You may experience some of the following side effects:

- **Pain:** After the orchidectomy, your doctor can give you painkillers to control the pain. Be sure to tell the doctor or nurses if the pain is severe.
- **Bruising:** You may have some bruising around the wound and scrotum. Blood blisters (haematoma) may also form, but both the bruising and blisters will disappear over time.
- **Effect on getting and maintaining an erection:** The removal of one testicle does not affect your ability to have an erection. If you have had both testicles removed, you may be given hormones to help maintain your sex drive and help you get erections. Talk to your doctor for more information.
- **Effect on fertility:** Losing one testicle has little effect on your ability to have children; the other testicle makes up for the missing one by making more testosterone and sperm. If you have had both testicles removed, you will be infertile. You may want to have sperm stored before treatment starts for use at a later date.
- **Appearance of the testicle:** Some men choose to replace the removed testicle with an artificial testicle, called a prosthesis. The implant has the weight and feel of a normal testicle, which will make your scrotum appear normal after the operation.

Further tests

If the ultrasound, blood tests and removal of your testicle show you have testicular cancer, other tests may be carried out. The additional tests will show the extent of the cancer in your body and if it has spread to other parts of the body. This is called staging. This information helps your doctor recommend the best treatment for you.

Chest x-ray

An x-ray of the chest is taken to check if the cancer has spread to the lungs or the lymph nodes in the chest.

CT scan

A computerised tomography (CT) scan is a type of x-ray procedure. It uses x-ray beams to take pictures of the inside of your body. This painless test will help your doctor assess if the cancer has spread to your lymph nodes or other organs.

Before the scan, a special dye may be injected into one of your veins. This dye will help give a clearer picture. For a few minutes, this injection may make you feel hot all over. You may also have a strange taste in your mouth from the dye.

A CT scan takes about 30 to 40 minutes. You will lie flat on a table while the CT scanner, which is large and round like a doughnut, rotates around you and takes a series of pictures.

Most men are able to go home as soon as their scan is done.

The contrast solution used in CT scans may contain iodine. If you are allergic to iodine, let the person performing the scan know in advance.

Staging testicular cancer

The removal of the testicle and the results of the ultrasound, the blood tests, the CT scan and the x-rays will help the doctor determine how far the cancer has spread (the stage). Your treatment will depend on the stage of your cancer and your personal preferences.

- **Stage 1:** Cancer is found only in the testicle.
- **Stage 2:** Cancer has spread to the lymph nodes in the abdomen or pelvis.
- **Stage 3:** Cancer has spread beyond the lymph nodes to other areas of the body such as the lungs and liver.

Prognosis

Prognosis means the expected outcome of a disease. You will need to discuss your prognosis with your doctor, but it is not possible for any doctor to give you a 100% accurate prediction on the course of the illness. Test results, the rate and depth of tumour growth, how well you respond to treatment, and other factors such as age, fitness and your medical history are all important factors in assessing your prognosis.

If the cancer is found while it is still only in the testicle (stage 1), 96% of men are cancer-free after treatment. In most other cases, tumours can be controlled or shrunk with treatment.

> “My doctor said to me, if you’re going to get a cancer, this is the one to get. The cure rate is high, side effects are minimal and life afterwards is pretty normal.”

Treatment and side effects

Your doctor will advise you on the best treatment after considering your general health, the type of testicular cancer you have, the size of your tumour, the number and size of lymph nodes involved, the stage of your cancer and whether it has spread to other parts of your body.

If the cancer has spread beyond your testicle, chemotherapy, radiotherapy or surgery (to remove abnormal lymph nodes) may be used. You may have one of these treatments or a combination of treatments.

Surveillance policy

If the cancer was completely removed with your testicle (orchidectomy), you may not require further treatment (see pages 14 to 15). Instead, your doctor may monitor you with regular blood tests, chest x-rays and CT scans. This is called a surveillance policy.

If the cancer does return, the regular tests will indicate this, and you will be able to commence further treatment.

Before treatment: considering fertility

Before you undergo any type of treatment for testicular cancer, you should consider the impact of treatment on your fertility.

Though some treatments do not cause infertility, your doctor will probably advise you to bank sperm before your treatment. Most patients bank sperm regardless of if their family is complete, or if they are unsure about having children. Many men consider sperm banking to be a simple, painless "insurance policy" in case treatment causes infertility.

Speak to your doctor about how testicular cancer and its treatment will affect your fertility.

> "Before going ahead with chemo, the doctor informed me about sperm banking. I'd never considered this before but I decided that I did want a family someday so this would be the smartest thing to do."

Chemotherapy

Chemotherapy is the use of drugs to kill or slow the growth of cancer cells. The aim is to destroy rapidly dividing cells such as cancer cells while causing the least possible damage to healthy cells. However, some healthy fast-growing cells in your body, such as your hair or bone marrow cells, may be affected.

Chemotherapy may be given if the cancer has spread outside your testicle, or it may be given as an adjuvant treatment (in conjunction with surgery or radiotherapy). Adjuvant chemotherapy is given if your doctors believe there is a moderate risk of your cancer spreading or returning, even if there is no evidence that the cancer has already spread.

There are several different types of chemotherapy drugs. Some men are given a drug called carboplatin. Carboplatin is often used for early stage seminoma, or it is used for adjuvant chemotherapy. The other drugs that are commonly used to treat testicular cancer are bleomycin, etoposide and cisplatin. These drugs are used together, which is called BEP chemotherapy.

The chemotherapy is administered by a drip, injection into the vein (intravenously) or injection into a muscle (intramuscularly). Usually three to four cycles of BEP are given every three weeks, however the treatment protocol will vary from patient to patient. You will probably have to visit the hospital daily on an outpatient basis to have your treatment.

In most cases, chemotherapy is very successful in treating testicular cancer.

You may have lung and kidney function tests to check the effects of chemotherapy drugs on your organs before and after treatment. This is because some chemotherapy drugs can damage the lungs or kidneys.

Side effects

Everyone reacts differently to chemotherapy, and the side effects you experience will depend on the drugs you receive. Some men will not experience any side effects, while others will experience a few. Side effects are usually temporary and medication may be given to help reduce your discomfort.

For more information about managing your side effects, talk to your doctor or see the Cancer Council's publication, *Understanding Chemotherapy*.

- **Tiredness:** Most men feel tired during chemotherapy. This may increase as treatment progresses but usually disappears after treatment finishes. Tiredness may lower your libido, or interest in sex, during cancer treatment.
- **Nausea and vomiting:** It is common for patients to experience nausea and vomiting, however most patients are provided with anti-nausea medication to minimise or eradicate these side effects.
- **Hair loss:** Chemotherapy usually causes patients to lose their hair. If you lose your body or head hair, it will grow back once treatment is finished.
- **Constipation:** If you take medication to relieve nausea and vomiting, this commonly causes constipation. Your health care team will advise you to take laxatives to prevent this.
- **Numbness in fingers and toes:** Some chemotherapy drugs affect your nerves. Numbness or tingling in your extremities typically improves after treatment is finished. Let your doctor know if you experience this side effect.
- **Ringing in the ears:** Ringing in the ears, or tinnitus, may occur as a short-term side effect.
- **Change in kidney function:** Some chemotherapy drugs can change the way your kidneys work. You will have regular tests to check how your kidneys are functioning.

- **Lung damage:** Some chemotherapy drugs can damage the lungs. You will be monitored for changes in lung function. Let your doctor know if you develop unexplained breathlessness or a cough.
- **Erection problems:** The ability to have and keep an erection may also be affected by chemotherapy. However, erectile dysfunction is usually temporary, and your doctor may be able to talk to you about ways to improve the quality and frequency of your erections.
- **Lower sperm production:** Chemotherapy drugs may lower the number of sperm you produce and reduce their mobility. This can cause temporary or permanent infertility.
- **Contamination:** Chemotherapy drugs may remain in your body for a few days after treatment, and they may be passed into bodily fluids such as urine and semen. You should take care to protect others from being exposed to chemotherapy drugs. For example, you should abstain from sexual intercourse or use a condom within 48 hours of treatment.

> Chemotherapy drugs can harm an unborn baby, so pregnancy should be avoided while you are having chemotherapy. See page 45.

- **Low white blood cell count:** Chemotherapy can cause your white blood cell count to drop. This usually occurs about seven days after your chemotherapy, and it can make you more susceptible to infections. If you feel unwell or have a fever greater than 38°C, contact your doctor immediately.

  Daily injections may help your white blood cells multiply quickly and prevent you from succumbing to infections. This is called granulocyte-colony stimulating factor (G-CSF).

Radiotherapy

Radiotherapy uses x-rays to kill cancer cells. This treatment is commonly used to treat patients with seminomas. Patients with non-seminomas are not usually treated with radiotherapy.

Radiotherapy is sometimes given after surgery to prevent the cancer from coming back or to destroy any cancer cells that may have spread to the lymph nodes in the abdomen, which is the most common place for testicular cancer to spread.

Treatment is carefully planned to make sure as many cancer cells as possible are destroyed with as little harm as possible to your normal tissue. The doctor or radiation therapist may mark your skin with special ink, marker pens or small skin tattoos to make sure the radiation is directed at the same place on your body each time you receive treatment.

During treatment, you will lie under a machine called a simulator, which delivers x-ray beams to the treatment area. The x-rays are aimed at the cancer in your abdomen and the unaffected testis is covered with lead to preserve your fertility. Each treatment only takes a few minutes once it has started, but setting up the machine, seeing the radiation oncologist and having blood tests during your first visit may take one to three hours.

For more information, call the Cancer Council Helpline on 13 11 20 to request a free copy of *Understanding Radiotherapy*.

You will probably have outpatient treatment at a radiotherapy centre from Monday to Friday for at least two to three weeks. However, the number of radiotherapy treatments you have will depend on your personal circumstances and your doctor's recommendation.

Side effects

Radiotherapy most commonly causes fatigue and dyspepsia (abdominal pain, bloating and nausea). These side effects, as well as other effects, usually subside or disappear within a few days of finishing treatment.

The side effects of radiotherapy include:

- **Tiredness or fatigue:** This can be a major challenge for men who receive radiotherapy. Feeling tired is not only a side effect of treatment, but of travelling to receive treatment, working or caring for your home or family. Plan your activities during the day so you can rest regularly. It may also help to talk to your family, friends or employer about how they can help you.
- **Dyspepsia and nausea:** The radiotherapy area will include your abdomen and this may upset your stomach. If you feel nauseous, your doctor will probably prescribe medication.
- **Diarrhoea:** The radiotherapy can cause diarrhoea. Talk to your doctor about medication to relieve this side effect. Watching what you eat will also help. For more information, call the Cancer Council Helpline for a free copy of the booklet, *Food and Cancer*.
- **Hair loss:** You may lose hair in the area where you are treated. This may include your pubic or abdomen hair. After treatment is finished, your hair will usually grow back.
- **Bladder irritation:** Your bladder and urinary tract may become irritated and inflamed as a result of radiotherapy. Drinking plenty of fluids will help, but you should avoid drinking alcoholic or caffeinated beverages, as they can irritate the bladder further.

- **Bowel problems:** During and after treatment, some men may feel the need to have bowel movements more urgently. If you experience this problem, talk to your doctor about how to manage your changed bowel habits.
- **Infertility:** Radiotherapy may cause reduced sperm production or damage to the sperm. This may be temporary or permanent. You should consider storing sperm before your treatment starts.

Your doctor may suggest you try not to conceive naturally during the first six months after your radiotherapy treatments have finished (see the *Fertility* section on page 45 for more information).

> “I think there should be strong encouragement to bank sperm just in case. Being a new father of twins thanks to banked sperm, I cannot recommend this enough.”

Removing lymph glands

If the cancer has spread to the lymph glands in your abdomen, you may have an operation to remove them. This is called a lymphadenectomy.

Men with non-seminoma may have a lymphadenectomy to prevent the cancer from spreading. Men with seminoma don’t usually have this procedure because the cancer cells in their lymph nodes can be destroyed with radiotherapy or chemotherapy.

Side effects

The main side effects of a lymphadenectomy are abdominal pain and infertility.

If you experience pain or tenderness in your abdomen after the surgery, ask your doctor or nurses about prescribing pain-relieving medication.

A lymphadenectomy may damage the nerves that control ejaculation, which can cause retrograde ejaculation and infertility. Retrograde ejaculation occurs when the sperm travel backwards into the bladder, instead of forwards out of the penis.

It may be possible to have surgery to protect the nerves that control ejaculation (nerve-sparing surgery), which would prevent retrograde ejaculation and infertility. Talk to your doctor for more information.

Palliative treatment

Palliative treatment can help with pain management – it is not just for people who are about to die.

Palliative treatment is particularly important for people with advanced cancer. It helps improve people's quality of life by alleviating symptoms of cancer, without trying to cure the disease. Often treatment is concerned with pain relief and stopping the spread of cancer, but it can also involve the management of other physical and emotional problems. Treatment may include radiotherapy, chemotherapy or other medication.

For more information on palliative treatment or advanced cancer, call the Helpline for free copies of *Understanding Palliative Care* or *Living with Advanced Cancer*, or view them online at www.cancercouncil.com.au.

Which health professionals will I see?

Your GP (general practitioner) will arrange the first tests to assess your symptoms. This can be a worrying and tiring time, especially if you need several tests. If these tests do not rule out cancer, you will usually be referred to a specialist who will arrange further tests and advise you about treatment options.

You will probably be cared for by several health professionals. In most cases, these professionals will work as a multidisciplinary team to improve your care. Health professionals who care for men with testicular cancer include:

- urologist: surgeon who specialises in treating diseases of the urinary system
- medical oncologist: prescribes and administers the course of chemotherapy
- radiation oncologist: prescribes and administers the course of radiotherapy
- nurses and cancer nurse coordinators: coordinate your care and support and assist you through all stages of your cancer treatment
- dietitian: recommends an eating plan to follow while you are in treatment and recovery
- psychologist: helps you and your family address your feelings about cancer and its treatment
- social worker, physiotherapist and occupational therapist: link you to support services and help you to resume normal activities.

Making treatment decisions

Sometimes it is difficult to decide on the right treatment. You may feel that everything is happening so fast that you don't have time to think things through, but there is usually time for you to consider what sort of treatment you want.

Waiting for test results and for treatment to begin can be difficult. While some people feel overwhelmed with information, others feel they don't have enough. You need to make sure you understand enough about your illness, the treatment and side effects to make your own decisions.

If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other choices have not been offered.

Some people with more advanced cancer will choose treatment, even if it only offers a small chance of cure. Others want to make sure the benefits of treatment outweigh any side effects. Still others will choose the treatment they believe offers them the best quality of life. Some people may choose not to have treatment to eradicate cancer, but instead will choose to have symptoms managed to optimise their physical and emotional well-being.

> You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Decision-making steps

1. Take the time to consider all treatment options.
2. Weigh up the advantages and disadvantages of each treatment.
3. Consider how important each side effect is to you – particularly those that affect your lifestyle. If you have a partner, discuss the side effects with them.
4. If only one type of treatment is recommended, ask your doctor if other treatment choices are available.
5. Find out more about the treatment choices offered to you – speak to your doctor, consider getting a second opinion, look at the recommended Internet sites on page 51, talk to your family and friends and to other people who have received these treatments.
6. If you are not happy with the information you are given – or how it is given – tell the doctor about your concerns, or seek a second opinion.

Talking with doctors

When your doctor first tells you that you have cancer, it is very stressful and you may not remember very much. It is often difficult to take everything in, so you may want to see the doctor a few times before deciding on treatment. Your doctor may use medical terms you don't understand; it's okay to ask your doctor to explain something again. You can also check a word's meaning in the glossary at the end of this booklet.

Before you see the doctor, it may help to write down your questions – see the list of suggested questions on page 53. Taking notes during the session or recording the discussion can also help. Many people like to have a family member or friend go with them, to take part in the discussion, take notes or simply listen.

Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with family or friends, nursing staff, the hospital social worker or chaplain, your own religious or spiritual adviser, a cancer support group or the Cancer Council Helpline on 13 11 20. Talking it over can help sort out the right course of action for you.

A second opinion

You may want to get a second opinion from another specialist. Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to patients doing this.

A second opinion can be a valuable part of your decision-making process. It can confirm or clarify your doctor's recommended treatment plan and reassure you that you have explored all of your options. A second specialist can also answer any questions you may still have.

Your original specialist or family doctor can refer you to another specialist and you can ask for your initial results to be sent to the second-opinion doctor.

You may later decide you would prefer to be treated by the doctor who provided the second opinion, and this is your right.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.

Taking part in a clinical trial

Your doctor may suggest you consider taking part in a clinical trial. Doctors conduct clinical trials to test new or modified treatments and see if they are better than current treatments.

Before deciding whether or not to join the trial, you may wish to ask your doctor:

- What treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if problems occur while I am in the trial?
- Has an independent ethics committee approved the trial?

If you are unsure about joining the trial, ask for a second opinion from an independent specialist.

If you decide to join a randomised clinical trial, you will be given either the best existing treatment or a promising new treatment. You will be chosen at random to receive one treatment or the other.

Being in a trial gives you important rights. You have the right to withdraw at any time. Doing so will not jeopardise your treatment for cancer.

For more information about clinical trials – and how to find a trial that may be suitable for you – call the Helpline for a free copy of *Understanding Clinical Trials*.

Looking after yourself

When you find out you have cancer and while you are undergoing treatment, your body is put through a great deal of physical and emotional strain. It is crucial that you take steps to enhance your well-being at this time to help you adapt to the stress that you are facing. Nurturing your body and mind by eating nourishing food, doing some enjoyable physical activity, and taking some time out to relax can help you to feel more balanced and improve your vitality.

Healthy eating

Eating nutritious food will help you keep as well as possible and cope with the cancer and treatment side effects. Depending on your treatment, you may have special dietary needs. A dietitian can help to plan the best foods for your situation – ones that you find tempting, easy to eat and nutritious.

The Cancer Council Helpline can send you information on nutrition during and after cancer treatment. Call the Helpline for free copies of *Food and Cancer* and *After Your Cancer Treatment: a guide for eating well and being active*.

Being active

You will probably find it helpful to stay active and to exercise regularly if you can. Physical activity – even if gentle or for a short duration – helps to improve circulation, reduce tiredness, decrease joint or muscle pain, and elevate mood. The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises.

Start by making small changes to your daily activities, such as walking to the shops. Even gardening can be beneficial.

If your only treatment was an orchidectomy, you could start exercising more vigorously (such as playing sport) about six to eight weeks after the operation. Men who have had chemotherapy, radiotherapy or other types of surgery may need longer to recover from their treatment. If you want to do vigorous exercise or start to exercise earlier, ask your doctor what is best for you.

Relaxation techniques

Some people find relaxation or meditation helps them feel better by releasing tension and anxiety. Often, relaxation exercises can also help reduce pain and increase energy levels. The hospital social worker or nurse will know whether the hospital or a community health centre runs any programs.

You may also enjoy exploring relaxation techniques in the comfort of your own home using audiovisual material such as CDs or DVDs. Contact your local library or the Cancer Council Library to access these resources.

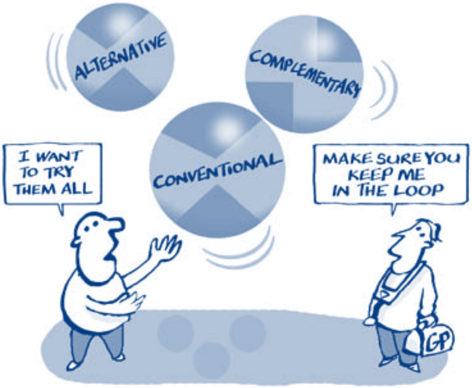
Complementary therapies

Complementary therapies may help you enhance your general well-being and cope better with side effects such as pain. They may also increase your sense of control over what is happening to you, decrease your stress and anxiety, and improve your mood.

There are many types of complementary therapies, including acupuncture, massage, hypnotherapy, relaxation, yoga, herbal medicine and nutrition. While some cancer treatment centres offer complementary therapies as part of their services, you may have to go to a private practitioner. Ask what's available at your hospital.

Be sure to let your doctor know about any complementary therapies you are using or thinking about trying. This is important, as some therapies may not be appropriate, depending on your conventional treatment. For example, some herbs and nutritional supplements may interact with your medication, resulting in harmful side effects. Massage and exercise therapies may also need to be modified to accommodate the changes in your body.

Call the Helpline for a copy of the Cancer Council's latest publication on complementary therapies.



Life after treatment

Many people find it helps to give themselves time to recover from treatment. You will find you must cope with both physical and emotional changes.

You need time to get your strength back. If you're responsible for the house, you'll need some help for a while. If you work, you'll need to ease back into it slowly, rather than rushing back the week after leaving hospital.

You might have to remind your family and friends that for a while you won't be fit enough to do all your usual activities.

After treatment is over it is common for people to feel anxious rather than more secure. While you were having treatment, you were busy with appointments and now you are facing life again with an uncertain future. Adjusting to life after cancer can be difficult if people around you expect your life to return to the way it was before you were diagnosed.

Everyone will eventually re-establish their daily routine, but it will be at their own pace. It may take some time to balance the need for regular checkups with resuming day-to-day activities and making plans for the future. Talking to someone who has had testicular cancer can help you deal with this uncertainty. For more information see page 48.

Follow-up after treatment

After treatment is over, most men will need regular checkups with their doctor. Blood tests, chest x-rays or CT scans may be used to check that the cancer hasn't come back.

Your doctor will decide how often you need checkups. Between follow-up appointments, let your doctor know of any health problems or symptoms you are experiencing.

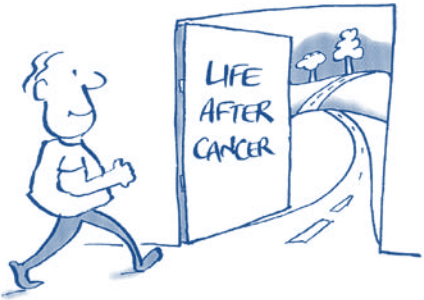
Will the cancer come back?

After treatment finishes, you might feel pressure to get back to ‘normal life’. Many people feel that life will never be the same after an experience with cancer – indeed, some people have even reported that they have a new perspective on life and that they see things with a new clarity.

Still, fear of cancer returning can feel like a shadow on your life. You might worry about every ache and pain and wonder if it is the cancer coming back. It might help to talk to your doctor and ask about what to expect if the cancer were to return. This might reassure you.

This is a difficult time and it will take time to readjust. If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation for things that previously gave you pleasure, talk to your doctor. You might be clinically depressed and there are ways that your doctor can help you.

Only about 2% of men who have had cancer in one testicle will develop cancer in the other testicle.



Strengthening your relationships

The strong emotions you experience as a result of cancer may affect your relationships with people close to you. Your experiences can cause you to develop a new outlook on your values, priorities and life in general. It may help to share those thoughts and feelings with your family, friends and work colleagues.

It may be uncomfortable to talk about your feelings; take your time and approach others when you are ready. You may feel relieved when you have talked to them. People usually appreciate insight into how you are feeling and guidance on how they can best support you during and after treatment. This open and honest approach can strengthen your relationships.

While you are giving yourself time to adjust to life after cancer, remember to do the same for your friends and family. Everyone will react in a different way – by putting on a happy face, playing down your anxiety, or even ignoring you. They are also adjusting to changes in their own way. If someone's behaviour upsets you, it will probably help to have a discussion about how you both feel about the situation.

Changing body image

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is more common if your body has changed physically, but even if it has not, you may still be affected by lowered self-esteem.

Give yourself time to adapt to these changes and try not to focus solely on the parts of you that have changed. Seeing yourself as a whole person (your body, mind and personality) can help to increase your self-esteem. You may eventually adjust to and come to accept any physical changes.

If you have lost a testicle, it will probably not affect your ability to have sex, but it may influence your sense of yourself as a man, your confidence, and how sexually desirable you feel. Getting used to having a testicle removed takes time. If you feel concerned about your appearance, you can talk to your doctor about a prosthesis. A prosthetic testicle has the weight and feel of a real testicle but it is for cosmetic purposes only.

A MIRROR HAS TWO SIDES

It may help to:

- Take time to get used to body changes. Look at yourself naked in the mirror and, if you feel comfortable, touch your genitals to find out what is different and what feels sore or tender.
- Show your partner any body changes.
- Talk to other men who have had a similar experience. See page 48 for more information.
- Read the Cancer Council's *Emotions and Cancer* booklet. Call 13 11 20 for a free copy or download it from www.cancercouncil.com.au.

Look Good…Feel Better is a program that helps people restore their self-esteem by managing appearance-related side effects. Call 1800 650 960.

For more practical suggestions about dealing with physical changes such as hair loss or weight changes, call the Cancer Council Helpline on 13 11 20.

> “Having cancer is difficult but losing a testicle is something else. Sometimes you feel like you are not a man anymore; that you can't function properly. But you are what you are and nothing can take that away from you.”

Sexuality, intimacy and cancer

One of the most common questions asked by men before and after treatment for testicular cancer is whether or not their sex life will be affected. Having cancer can affect your sexuality in both physical and emotional ways. The impact your treatment has on your sex life depends on many factors, such as the type of treatment you have and its side effects, the way you and your partner communicate, and your self-confidence.

If you have an orchidectomy, the removal of your testicle will not affect your ability to have an erection or an orgasm. Your other testicle will make more testosterone and sperm to make up for the removal of the affected testicle.

If you have a bilateral orchidectomy (both testicles are removed), the loss of testosterone may affect your ability to become aroused and have an orgasm. Some men experience erection problems. Ask your doctor about medication to help maintain the quality of your erections and your sex drive.

If you have radiotherapy, it is commonly administered through the abdomen. This is unlikely to affect your semen production. However, if you receive radiotherapy to the pelvis, semen production in the prostate and seminal vesicles may temporarily stop. This means that when you are sexually active, you will feel the sensations of an orgasm, but little or no semen will be ejaculated when you climax (dry orgasm). This is not permanent and your semen production will usually return to normal after a few months.

A course of chemotherapy may cause your erections or orgasms to decrease for a few weeks because the drugs can lower your testosterone levels.

Lack of interest or loss of desire for sex is common during most types of cancer treatment. This is known as loss of libido. Sometimes it can be brought on by anxiety and worry about your diagnosis rather than the treatment. Sex drive usually returns after treatment has finished.

Knowing the potential challenges and addressing them if they affect you personally will help you overcome or adjust to these changes. The following tips may help:

- If you have a partner, talk about the changes you are experiencing. Discussing what has changed may help reassure both of you about your affection and desire for each other.
- Explore your own ability to enjoy sex through masturbation. Touching your own genitals and bringing yourself to orgasm can help you find out if treatment has changed your sexual response.
- Be gentle the first few times you are sexually active after treatment. Start by touching, and tell your partner where and how you like to be touched or guide them with your hand. When you feel relaxed, include some genital touching.
- Talk openly with your doctor or counsellor about any challenges you are facing. They may be able to help and reassure you.

For more information, call the Cancer Council Helpline on 13 11 20 for a free copy of the Cancer Council's booklet *Sexuality for Men with Cancer*.

YOU CAN STILL MAKE MUSIC ...
TO THE BEAT OF A DIFFERENT DRUM

Fertility

Men who have testicular cancer often wonder how it will affect their ability to conceive children. The vast majority of men who have testicular cancer treatment can go on to have children naturally.

For almost all men who have one testicle removed, their remaining testicle will make more testosterone and sperm to compensate for the one that has been removed.

The majority of men who have radiotherapy and chemotherapy are able to have children naturally. However men receiving radiotherapy or chemotherapy are usually advised to wait until treatment has finished before trying to conceive. This is because sperm that has been exposed to radiation or chemotherapy drugs may harm a foetus.

Chemotherapy or radiotherapy can cause a temporary decrease in sperm production – particularly if you have had radiotherapy to the pelvis. However, sperm production usually increases after treatment has finished. Talk to your doctor if you are trying to conceive.

Until treatment is finished, you should consider a form of birth control (contraception) that you and your partner are comfortable using, depending on your beliefs, such as the Pill, condoms, or abstinence.

Men who have both testicles removed (bilateral orchidectomy) will be infertile after treatment. This means they will not be able to have children naturally. If you would like to have children, you should discuss your options with your doctor.

If you want to have children or if you are unsure what your plans are, you may be able to store sperm before treatment starts for use at a later date. Even if you do not anticipate having fertility problems after treatment, this can be a safeguard. Ask your doctor for more information.

Seeking support

When you are first diagnosed with cancer, it is normal to experience a range of emotions, such as fear, sadness, depression, anger or frustration. If anxiety or depression is ongoing or severe, tell your doctor about it as counselling or medication can help.

It may help to talk about your feelings with others. Your partner, family members and friends are a good source of support or you might prefer to talk to:

- members of your treatment team
- a hospital counsellor, social worker or psychologist
- your religious or spiritual adviser
- a support group – see page 48
- the Cancer Council Helpline.

If you have children, the prospect of telling them you have cancer can be frightening and unsettling. The Cancer Council booklet *When a Parent Has Cancer: how to talk to your kids* can help you prepare for this difficult conversation.

You may find that your friends and family don't know what to say to you. In time, you may feel able to approach your friends directly and tell them what you need. Some people prefer to ask a family member or a friend to talk with others and coordinate any offers of help.

Some people may feel so uncomfortable that they avoid you. They may expect you to 'lead the way' and tell them what you need. This can be difficult to handle and can make you feel lonely.

The Cancer Council's booklet *Emotions and Cancer* may help at this stressful time. Call 13 11 20 for a copy or download it from the Cancer Council's website, www.cancercouncil.com.au.

Practical and financial help

A serious illness often causes practical and financial difficulties. You don't need to face these alone.

Many services are available to help:

- Financial assistance, through benefits and pensions, can help pay for the cost of prescription medicines and for travel to medical appointments.
- Home nursing care is available through community nursing services or through the local palliative care services.
- Meals on Wheels, home care services, aids and appliances can make life easier.

To find out more, contact the hospital social worker, occupational therapist or physiotherapist, or the Cancer Council Helpline.

Understanding Cancer program

If you want to find out more about cancer and how to cope with it, you may find the Cancer Council's Understanding Cancer program helpful. The program offers practical information and discussions about many of the issues people experience after a diagnosis of cancer. Topics covered include: what cancer is, cancer symptoms and side effects, treatment, palliative care, diet, exercise and complementary therapies. Courses are held frequently at hospitals and community organisations throughout NSW. Call the Helpline to find out more.

Talk to someone who's been there

Getting in touch with other people who have been through a similar experience to you can be very beneficial. There are many ways you can get in contact with others for mutual support and to share information.

In these support settings, most people feel they can speak openly, share tips with others, and just be themselves. You will probably find that you feel comfortable talking about your diagnosis and treatment, your relationships with friends and family, and your hopes and fears about the future.

Support services are available for patients, carers and family members. They include:

- Face-to-face support groups, which are often held in community centres or hospitals
- Tumour- or situation-specific telephone support groups, which are facilitated by trained counsellors
- Online discussion forums where people can connect with each other any time
- Cancer Council Connect, a program that matches you with a volunteer who has been through a similar cancer experience, and who understands how you're feeling.

Ask your nurse or social worker to tell you about support groups in your area. Call the Cancer Council Helpline or go to www.cancercouncil.com.au to access the Cancer Services Directory or join the online discussion.

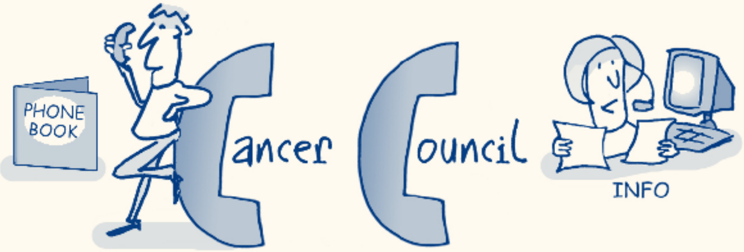
The Cancer Council Helpline 13 11 20

Monday to Friday 9am to 5pm

The Cancer Council Helpline is a service of the Cancer Council NSW. There is no charge for this service except for the cost of a local call. The Cancer Council Helpline is a telephone information and support service for people affected by cancer. You can talk about your concerns and needs confidentially with specialised oncology health professionals. They can send you written information and put you in touch with appropriate services in your own area. If calling outside business hours, you can leave a message on an answering machine and your call will be returned the next business day.

You can call the Cancer Council Helpline, Monday to Friday, 9am to 5pm, for the cost of a local call.

Cancer Council Helpline	**13 11 20**
Cantonese and Mandarin	1300 300 935
Greek	1300 301 449
Italian	1300 301 431
Arabic	1300 301 625
Tele-typewriter (TTY) for deaf or hearing-impaired people	(02) 9334 1865



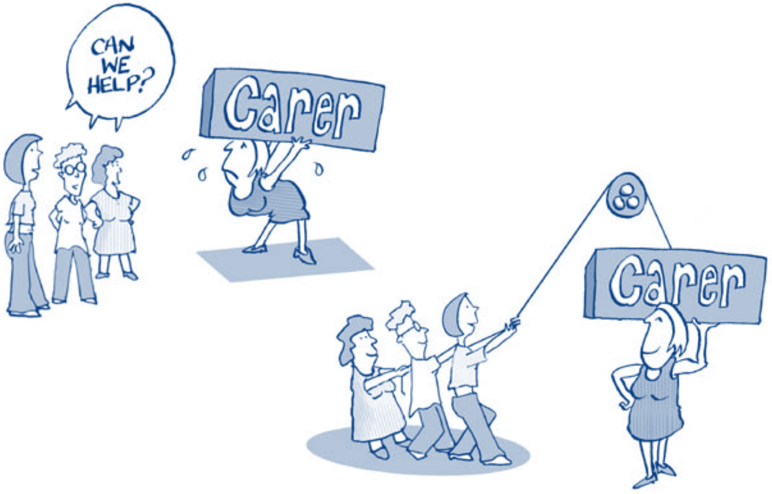
Caring for someone with cancer

You may be reading this booklet because you are caring for someone with cancer. Being a carer can be very stressful, especially when the person you are looking after is someone you love very much. Look after yourself during this time. Give yourself some time out, and share your worries and concerns with somebody neutral such as a counsellor or your doctor.

Many cancer support groups are open to carers as well as people with cancer. A support group can offer a valuable opportunity to share experiences and ways of coping.

There are several support services that can help you in your caring role, such as Home Help, Meals on Wheels or visiting nurses. There are also many organisations and groups that can provide you with information and support, such as Carers NSW. Phone 1800 242 636 to talk about your needs, or visit www.carersnsw.asn.au.

Call the Cancer Council Helpline to find out more about different services or to obtain a free copy of the *Caring for Someone with Cancer* booklet.



Further resources

Information on the Internet

The Internet can be a useful source of information, although not all websites are reliable. The websites listed below are good sources of reliable information.

Australian

The Cancer Council NSW	www.cancercouncil.com.au
The Cancer Council Australia	www.cancer.org.au
Cancer Institute NSW	www.cancerinstitute.org.au
Health Insite – an Australian Government initiative	www.healthinsite.gov.au
Commonwealth Department of Health and Ageing	www.health.gov.au
NSW Health	www.health.nsw.gov.au
Mensline Australia	www.menslineaus.org.au

International

American Cancer Society	www.cancer.org
Macmillan Cancerbackup	www.cancerbackup.org.uk
US National Cancer Institute	www.cancer.gov

Cancer information library

Following a cancer diagnosis, many people would like to access information about new types of treatment, the latest research findings, and stories about how other people have coped.

The Cancer Council's library has a wealth of information on these topics. There are more than 3,000 resources in the collection, including books, videos, DVDs and a large range of current cancer medical journals.

You can visit the library at 153 Dowling Street, Woolloomooloo (9am-5pm Monday-Friday), borrow by post or ask your local librarian to organise an inter-library loan. Contact the librarian on 13 11 20 or email library@nswcc.org.au.

Related publications

You might also find the following publications relevant:

- *Emotions and Cancer*
- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Sexuality for Men with Cancer*
- *Understanding Palliative Care*
- *Understanding Clinical Trials*
- *When a Parent Has Cancer: how to talk to your kids*
- *Caring for Someone with Cancer*
- *Food and Cancer*
- *After Your Cancer Treatment: a guide to eating well and being active.*

Call the Helpline for free copies of any of these Cancer Council booklets, or download them from our website, www.cancercouncil.com.au/cancerinformation.

Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you don’t understand, it is okay to ask your doctor to explain again.

1. What type of testicular cancer do I have?
2. How extensive is my cancer?
3. What treatment do you recommend and why?
4. Are there other treatment choices for me? If not, why not?
5. What are the risks and possible side effects of each treatment?
6. Are the latest tests and treatments available in this hospital?
7. Will I have to stay in hospital?
8. How long will treatment take? How much will it affect what I can do? How much will it cost?
9. Will I have a lot of pain with the treatment? What will be done about this?
10. Are there any clinical trials of new treatments?
11. How will the treatment affect my sex life?
12. How will the treatment affect my fertility?
13. How frequently will I have checkups?
14. Are there any complementary therapies that might help me?

Glossary

abdomen

The part of the body between the chest and the hips, which contains the stomach, liver, bowel, bladder and kidneys.

alpha-fetoprotein

A chemical found in the bloodstream of some men with non-seminoma testicular cancer. It is not found in men with seminoma testicular cancer.

anaesthetic

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs only a part of the body; a general anaesthetic puts a person to sleep for a period of time.

benign

Not cancerous or malignant.

beta human chorionic gonadotrophin

A chemical found in the bloodstream of some men with either seminoma or non-seminoma testicular cancer.

biopsy

The removal of a small sample of tissue from the body, for examination under a microscope, to help diagnose a disease.

cells

The building blocks of the body. A human is made of millions of cells, which are adapted for different functions. Cells can reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.

chemotherapy

The use of drugs to treat cancer by killing cancer cells or slowing their growth.

CT scan

A computerised tomography scan. This scan uses x-rays to build a picture of the body.

dry orgasm

Sexual climax without the release of semen from the penis.

germ cells

Cells that produce eggs in females and sperm in males. Germ cell cancers can occur in the ovaries or testicles, or rarely, in other parts of the body.

granulocyte-colony stimulating factor (G-CSF)

A protein that helps increase the number and function of certain white blood cells called neutrophils. These help fight infection in the bone marrow.

hormone

A substance that affects how your body works. Some hormones control growth, others control reproduction. They are distributed around the body through the bloodstream.

lactate dehydrogenase

A chemical found in the bloodstream of some men with seminoma testicular cancer.

libido

Sex drive.

lymphadenectomy

Removal of the lymph glands from a part of the body.

lymph nodes

Also called lymph glands. Small, rounded masses that make up the body's lymphatic system. The lymph nodes collect and destroy bacteria and viruses.

lymphatic system

A network of tissues, capillaries, vessels, ducts and nodes that removes excess fluid from tissues, absorbs fatty acids and transports fat, and produces immune cells.

malignant

Cancer. Malignant cells can spread (metastasise) and eventually cause death if they cannot be treated.

metastasis

Also known as a secondary cancer. A cancer that has spread from another part of the body.

nerve-sparing surgery

A type of surgery to save the nerves that affect ejaculation.

non-seminoma

A type of testicular cancer. Non-seminomas include choriocarcinoma, embryonal carcinoma, teratoma and yolk sac tumours.

orchidectomy

Also called an orchiectomy. An operation to remove one or both testicles. An operation to remove both testicles is sometimes referred to as a bilateral orchidectomy.

palliative treatment

Medical treatment for people with advanced cancer to help them manage pain and other physical and emotional symptoms of cancer.

primary cancer

The original cancer. Cells from the primary cancer may break away and be carried to other parts of the body, where secondary cancers form.

prognosis

The likely outcome of a person's disease.

prosthesis

An artificial replacement for a lost body part.

radiotherapy

The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply.

retrograde ejaculation

A condition where the sperm travels backwards into the bladder, instead of forwards out of the penis.

retroperitoneal node

Lymph node in the area outside or behind the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen).

scrotum

The external pouch of skin behind the penis containing the testicles.

semen

The fluid containing sperm and secretions from the testicles and seminal vesicles that is ejaculated from the penis during sexual climax.

seminoma

A type of testicular cancer.

side effect

Unintended effects of a drug or treatment.

sperm

The male sex cell, which is made in the testicles.

spermatic cord

A cord that runs from the testicle to the penis. The spermatic cord contains the tube that carries sperm, blood vessels, nerves and lymph vessels.

staging

Tests to find out how far a cancer has spread.

testicles

Also called testes. Two egg-shaped glands which produce sperm and the male sex hormone, testosterone. They are found in the scrotum.

testosterone

The major male sex hormone produced by the testicles. Testosterone promotes the development of male sex characteristics.

tumour

A new or abnormal growth of tissue on or in the body. A tumour may be benign or malignant.

tumour markers

Chemicals produced by testicular cancer cells and released into the blood. The main types are alpha-fetoprotein and beta human chorionic gonadotrophin.

How you can help

At the Cancer Council NSW we're dedicated to defeating cancer. As well as funding more cancer research than any other charity in the state, we advocate for the highest quality of care for cancer patients and their families, and create cancer-smart communities by empowering people with knowledge about cancer, its prevention and early detection. We also offer direct financial assistance for those people in hardship as a result of having cancer. These achievements would not be possible without community support, great and small.

Join a Cancer Council event: join one of our community fundraising events like Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: any donation whether large or small will make a meaningful contribution to our fight to defeat cancer.

Buy your sun protection products from our website or our retail stores: every purchase helps you prevent cancer and contributes financially to our work.

Help us speak out and create a cancer-smart community: the Cancer Council is a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us defeat cancer by living and promoting a cancer-smart lifestyle.

To find out more about how you or your family and friends can help, please call 1300 780 113.

Regional offices

Central Coast Region

127 Erina Street
Gosford NSW 2250
Ph: (02) 4325 5444
Fax: (02) 4325 5688

Far North Coast Region

101-103 Main Street
Alstonville NSW 2477
Ph: (02) 6627 0300
Fax: (02) 6628 8659

Hunter Region

22 Lambton Road
Broadmeadow NSW 2292
Ph: (02) 4961 0988
Fax: (02) 4961 0955

Mid North Coast Region

121 High Street
Coffs Harbour NSW 2450
Ph: (02) 6651 5732
Fax: (02) 6652 1530

North West Region

Shop 2
218 Peel Street
Tamworth NSW 2340
Ph: (02) 6766 1164
Fax: (02) 6766 7053

South West Region

1/37 Tompson Street
Wagga Wagga NSW 2650
Ph: (02) 6937 2600
Fax: (02) 6921 3680

Southern Region

1 Lowden Square
Wollongong NSW 2500
Ph: (02) 4225 3660
Fax: (02) 4225 1700

Sydney Metropolitan Region and Head Office

153 Dowling Street
Woolloomooloo NSW 2011
(PO Box 572
Kings Cross NSW 1340)
Ph: (02) 9334 1900
Fax: (02) 9334 1739

Western Sydney Region

43 Hunter Street
Parramatta NSW 2150
Ph: (02) 9687 1399
Fax: (02) 9687 1118

Western Region

84 Byng Street
Orange NSW 2800
Ph: (02) 6361 1333
Fax: (02) 6361 1863

Cancer Council Helpline 13 11 20

For support and information on cancer and cancer-related issues, call the Cancer Council Helpline. This is a free and confidential service.

Cancer Council Helpline	13 11 20 (cost of a local call)
TTY	(02) 9334 1865 for deaf and hearing-impaired
Cantonese and Mandarin	1300 300 935
Greek	1300 301 449
Italian	1300 301 431
Arabic	1300 301 625

For further information and details please visit our website:

www.cancercouncil.com.au

The Cancer Council
New South Wales

Building a
Cancer Smart
Community

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