You have recently had an operation to remove a testicle and your doctor will have told you that you have a form of cancer called *seminoma*. This is a highly curable condition and your tests show no evidence that it has spread outside the testicle. There is a low risk that it may have seeded elsewhere but is too small to be seen on the scan.

There are three options for future management

All three options are equally effective in the long term management of your seminoma. The choice of which you have is very much up to you and we will help you to make a decision on the one which is best for you.

The first option is a strategy of ‘active surveillance’ where we offer no treatment now but monitor you closely and then offer treatment should you be one of the patients in whom it comes back. This occurs in approximately 20% of cases. The risk of relapse is thus about one in five. Treatment after a recurrence would probably involve a course of chemotherapy lasting between 9 or 12 weeks, or a combination of chemotherapy and radiotherapy, depending on the stage of the disease at relapse. The risk of future problems after this radical treatment would be very low, in the order of approximately 1%.

Alternatively, a single chemotherapy treatment with a drug called Carboplatin can be given. Clinical trials indicate that it is as effective as the old style of treatment with radiotherapy. Carboplatin chemotherapy is given through a drip, into a vein, over a half hour period as an outpatient. The side effects of Carboplatin can be nausea, occasional vomiting, and a possible drop in your blood count, putting you at risk of infection. With modern anti-sickness drugs, we hope that you will not experience any sickness. You may also feel generally tired and unwell for 4 to 5 days after the treatment; in a few patients these symptoms persist for longer. You may experience reduced fertility following the treatment but in most cases this will recover. There is a very small possibility that you could remain infertile so you will be offered the option of sperm banking in case this should happen. Your doctors will advise treatment for any side effects if they should happen to you. You will then be followed up in clinic for six years with an annual scan at the end of each year to ensure you remain disease free. The risk of having any future problems following this treatment is approximately 4% (one out of 25). Again, if you were one of the unlucky people in which the disease does come back after carboplatin chemotherapy, you would be offered further chemotherapy over 12 weeks with the aim to cure you of the disease. As this is a relatively new treatment, we do not know if there are any long-term health problems associated with this treatment.

Radiotherapy has been used as an effective treatment for stage I seminoma for many years and it is still an option for people who have a medical condition which contraindicates chemotherapy. However, radiotherapy carries some potentially serious
long term side effects so is no longer the treatment of choice. Radiotherapy involves a two week course of treatment to the glandular areas in the back of the abdomen (and sometimes to the pelvis as well). The immediate side effects of radiation to this area can include nausea, diarrhoea, occasional vomiting , tiredness and a possible drop in your blood count. Your doctors will advise treatment for these side effects if they should happen to you. Long term side effects of this radiotherapy are rare. Some patients have persistent nausea, diarrhoea and malaise that can last for some months. There is an increase risk of stomach ulcers and, very rarely, permanent damage to the bowel. There is an increase in the risk of developing second tumours in the treatment area many years after treatment. Radiotherapy treatment has also been linked to an increased risk of cardiovascular disease.

If you have any questions at any time, please do not hesitate to contact Linda Bavister, Clinical Nurse Specialist 01223 256453, bleep 152 367 or  01223 256676 (direct line with answerphone).

Privacy & Dignity
We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means, with a few exceptions, we will care for you in same sex bays in wards with separate sanitary facilities for men and women.

In some areas, due to the nature of the equipment or specialist care involved, we may not be able to care for you in same sex bays. In these cases staff will always do their best to respect your privacy and dignity, e.g. with the use of curtains or, where possible, moving you next to a patient of the same sex. If you have any concerns, please speak to the ward sister or charge nurse.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

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