Cancer Division

Treatment of Stage I Teratoma of the Testis

You have recently been diagnosed as having germ cell cancer of the testis. As far as we can tell, it has not spread outside the testis and you may not need further treatment. However, we know there is a chance, about 40%, that it may have seeded elsewhere but is too small to be seen on a scan, and could recur in the future.

There are two options for future management

The first option is active surveillance – we do no further treatment now and monitor you closely with blood tests, x-rays and scans. If the cancer should recur, we will pick it up early and you would then be treated with three or four cycles of chemotherapy and possible surgery.

Alternatively you may receive two cycles of chemotherapy now.

The internationally accepted standard form of treatment involves giving a combination of three drugs (Bleomycin, Etoposide and Cisplatin) via a drip. Each cycle will last three weeks (21 days). The first part of the chemotherapy is given over three days and requires that you stay in hospital during that time. You will then need to attend the hospital on day 8 and day 15 of the cycle for an injection of one of the drugs and will see a doctor or the specialist nurse for assessment prior to the chemotherapy.

Because the drugs we use to treat the cancer are powerful, they have potential side effects.

The most serious potential effect is a reduction in the number of your blood cells. It affects your red blood cells so you might become anaemic leaving you feeling tired and short of breath. Your platelet count can also fall which leaves you more prone to bruising and bleeding problems. The most serious potential complication is a reduction in the number of white cells which you have to fight infection. This can leave you at risk of serious infection which can be life threatening, particularly if not appropriately managed. More information will be given to you about this when you are admitted for chemotherapy so you know what to do to reduce the risk of serious complications. Please ensure you understand it fully and take it home with you. If unsure, please ask before you leave.

The other potentially very serious complication is the effect of Bleomycin on your lungs. Very rarely this can be life threatening, so you will have regular chest x-rays and examinations during your treatment and, if there is any sign that your lungs are being affected, we will discontinue the Bleomycin.

The drugs cause nausea and you will be given medication along with the chemotherapy to stop you feeling sick. They also cause temporary hair loss which you will notice approximately three weeks into treatment. Loss is relatively rapid but your hair will regrow once the chemotherapy has finished.
The drugs can cause tingling in the hands and feet, which can worsen once chemotherapy has finished. It can persist for several months, but should resolve slowly over time. Your hearing may be affected and this will be tested before you start the treatment in case of any subsequent problem. It also carries the risk of injury to the kidneys, though this is rare.

**Your fertility** will be reduced following the treatment but in most cases this will recover. Unfortunately, 30% of men remain infertile following this combination chemotherapy and, in order to cover this eventuality, you will be given the opportunity to bank sperm prior to the chemotherapy.

You can be left feeling generally unwell and tired once the chemotherapy has finished but will gradually recover over a period of weeks. Most people tolerate this particular chemotherapy well and most side effects are controlled with medication.

In the long-term, patients who receive BEP chemotherapy are at an increased risk of developing cardiovascular disease and/or second cancers as a result of the treatment. The risk is almost double that of people who have not received BEP chemotherapy and is equal to that of lifelong smoking. This will be discussed with you in more detail once you have finished the treatment so we can look at how you can help reduce the risk from other factors in your life.

Research has shown that there is no difference in results between the two treatments with almost all patients being cured. The side effects of two cycles of chemotherapy tend to be less severe. This needs to be weighed up against the possibility that you may, or may not, need chemotherapy in the future, if you opt for the policy of surveillance. We will discuss the options in detail with you and are happy to answer any questions you have.

Your contact in the department is Jane Robson, Clinical Nurse Specialist on 01223 245151 bleep number 152/367 (answerphone 01223 256676).

**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, eg 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 currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:

If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Document History
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