



After Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- [What Happens After Treatment for Testicular Cancer?](#)
- [Lifestyle Changes After Having Testicular Cancer](#)
- [Fertility and Hormone Concerns in Boys and Men With Testicular Cancer](#)
- [How Might Testicular Cancer Affect Your Emotional Health?](#)

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to have questions about cancer coming back or treatment no longer working.

- [Can I Get Another Cancer After Having Testicular Cancer?](#)
- [If Treatment for Testicular Cancer Stops Working](#)

What Happens After Treatment for Testicular Cancer?

For most people with testicular cancer, treatment removes or destroys the cancer. Completing treatment can be both stressful and exciting. You may be relieved to finish treatment, but find it hard not to worry about cancer coming back. (When cancer comes back after treatment, it is called *recurrence*.) This is a very common concern in people who have had cancer.

It may take a while before your fears lessen. But it may help to know that many cancer survivors have learned to accept this uncertainty and are living full lives. [Understanding](#)

[Recurrence](#) gives more detailed information on this. It can be read online, or call us at 1-800-227-2345 to have a free copy sent to you.

For a few people, the cancer may never go away completely. They may get regular treatments with [chemotherapy](#), [radiation therapy](#), or other therapies to try to help keep the cancer in check. Learning to live with cancer that does not go away can be difficult and very stressful. It has its own type of uncertainty. [Managing Cancer as a Chronic Illness](#) talks more about this.

Follow-up care

If you have completed treatment, your doctors will still want to watch you closely. It is very important to go to all of your follow-up appointments. During these visits, your doctors will examine you and ask questions about any problems you are having and may order lab tests or [imaging tests](#) (such as chest x-rays and CT scans) to look for signs of cancer or treatment side effects. Almost any cancer treatment can have side effects. Some may last for a few weeks to months, but others can last the rest of your life. This is the time for you to talk to your cancer care team about any changes or problems you notice and any questions or concerns you have.

Follow-up care is extremely important after treatment of testicular cancer because even if it comes back, it's still often curable. This is why finding it early is so important.

Your health care team will explain what tests you need and how often they should be done. If you had a non-seminoma, follow-up testing will include blood tests of [tumor markers](#), such as alpha-fetoprotein (AFP), human chorionic gonadotropin (HCG), and lactate dehydrogenase (LDH). Tumor markers aren't as helpful for patients with seminoma, so they aren't always checked. Imaging tests (such as CT scans and chest X-rays) are also done to help detect relapse as early as possible. As time goes on, these visits and tests will not have to be done as often. Depending on the type of treatment that you have had, you may also need specific follow-up for the possible complications of treatment.

Make a special effort to keep all appointments with your cancer care team and follow their instructions carefully. Report any new or recurring symptoms to your doctor right away. Most of the time, if the cancer comes back, it does so in the first 2 years. Still, there is always an outside chance the cancer can come back later. There's also a small chance that you will develop a new cancer in the other testicle, so you should report any changes to your remaining testicle to your doctor.

It's very important to keep health insurance. Tests and doctor visits cost a lot, and even

though no one wants to think of their cancer coming back, this could happen.

Should your cancer come back, [Coping With Cancer Recurrence](#) can give you information on how to manage and cope with this phase of your treatment.

Seeing a new doctor

At some point after your cancer diagnosis and treatment, you may find yourself seeing a new doctor who doesn't know anything about your medical history. It's important that you be able to give your new doctor the details of your diagnosis and treatment. Gathering these details soon after treatment may be easier than trying to get them at some point in the future. Make sure you have the following information handy:

- A copy of your pathology report(s) from any biopsies or surgeries
- If you had surgery, a copy of your operative report(s)
- If you stayed in the hospital, a copy of the discharge summary that doctors prepare when patients are sent home
- If you had radiation therapy, a copy of the treatment summary
- If you had chemotherapy or other medicines, a list of your drugs, drug doses, and when you took them
- Copies of your CT scans (or other imaging tests) – these can often be stored digitally on a DVD, etc.
- [References](#)

[See all references for Testicular Cancer](#)

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Fertility and Hormone Concerns in Boys and Men With Testicular Cancer

Testicular cancer and its treatment can affect hormone levels and can also affect a man's ability to father children after treatment. It's important to discuss the possible

effects with your doctor before starting treatment so you are aware of the risks and what your options might be.

Most boys and men develop cancer in only one testicle. The remaining testicle usually can make enough testosterone (the main male hormone) to keep you healthy. If the other testicle needs to be removed because the cancer is in both testicles or if a new cancer develops in the other testicle, you will need to take some form of testosterone for the rest of your life. Most often this is a gel or patch that is applied to the skin or a monthly injection (given in a doctor's office). If you need testosterone supplements, talk to your doctor about what form is best for you.

Testicular cancer or its treatment can make you infertile (unable to father a child). Before treatment starts, men who might wish to father children may want to consider storing sperm in a sperm bank for later use. But the disease can cause low sperm counts, which may make it hard to get a good sample.

Infertility can also be an issue later in life for boys who have had testicular cancer. If a boy has already gone through puberty, sperm banking is often a good option, since the frozen samples are not damaged by long periods of storage. Researchers are also looking at new techniques that might allow younger boys to someday father children.

In some cases, if one testicle is left, fertility returns after the testicular cancer has been treated. For example, fertility typically returns about 2 years after chemotherapy stops.

Even when sperm counts in semen are very low, men have several options for fathering children. One of these options is *in vitro fertilization*, in which an egg cell that has been removed from a female partner is fertilized with the man's sperm cells in a lab and then returned to her uterus.

Be sure to discuss any fertility concerns with your doctor before your treatment begins. For more information, see [Fertility and Men With Cancer](#).

- [References](#)

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Can I Get Another Cancer After Having Testicular Cancer?

Cancer survivors can be affected by a number of health problems, but often their greatest concern is facing cancer again. If a cancer comes back after treatment it is called a “recurrence.” But some cancer survivors may develop a new, unrelated cancer later. This is called a “second cancer.” No matter what type of cancer you have had, it is still possible to get another (new) cancer, even after surviving the first.

Unfortunately, being treated for cancer doesn’t mean you can’t get another cancer. People who have had cancer can still get the same types of cancers that other people get. In fact, certain types of cancer and cancer treatments can be linked to a higher risk of certain second cancers.

Survivors of testicular cancer can get any second cancer, but they have an increased risk of:

- A second testicular cancer (this is different than the first cancer coming back)
- [Rectal cancer](#)
- [Pancreas cancer](#)
- [Bladder cancer](#)
- [Kidney cancer](#)
- [Thyroid cancer](#)
- [Acute myeloid leukemia \(AML\)](#)

The most common cancer seen in testicular cancer survivors is a second testicular cancer. Overall, 2% to 5% of men who have had cancer in 1 testicle will eventually have it in the other testicle. The second cancer is not from treating the first cancer with radiation or chemotherapy. In fact, those treated with surgery alone still have an increased risk of a second testicular cancer. The chance of getting a second testicular cancer is actually lower in men who were treated with chemotherapy.

Compared with most men in the general population, testicular cancer survivors are up to twice as likely to develop a new cancer outside the testicle. The chance of a second cancer changes over time and depends on which treatments were used and how old the patient was when he was treated.

Treatment with radiation is linked to some cancers after testicular cancer. The risk is highest for cancers in the area that received radiation (the radiation field). Patients treated with radiation to the abdomen and pelvis have increased risks of:

- [Bladder cancer](#)
- [Colon cancer](#)
- [Rectal cancer](#)
- [Pancreas cancer](#)
- [Stomach cancer](#)
- [Kidney cancer](#)
- [Prostate cancer](#)

If the radiation field includes the chest, the patient has an increased risk of:

- [Lung cancer](#)
- [Esophagus cancer](#)
- [Mesothelioma](#) (cancer of the outer lining of the lung)
- [Thyroid cancer](#)

Radiation treatments also increase the risk of [melanoma skin cancer](#) and [connective tissue cancer \(sarcoma\)](#).

The risks of these cancers starts going up within 5 years and doubles after 10 years in those men who were treated with radiation alone. This risk remains high and doesn't seem to go down with time. The risks are generally greater with higher radiation doses or if the patient got both chemotherapy and radiation.

In recent years, radiation therapy for testicular cancer has changed. Lower doses of radiation are used, and preventive radiation treatment to the chest has been stopped. Long-term follow-up studies are needed to see if these changes have lowered the cancer risks.

Chemotherapy is also linked to an increased risk of cancers, which is slightly less than what is seen after radiation.

The increased risk of [leukemia](#) and [myelodysplastic syndrome \(MDS\)](#) after treatment for testicular cancer is linked to treatment with chemotherapy. Use of the chemotherapy drug cisplatin is linked most often to leukemia and MDS, although high doses of etoposide (VP-16, Etopophos[®], or Vepesid[®]) are sometimes also a factor (doses higher than what are normally used today). Radiation given with chemotherapy seems to increase risk even more. Leukemia and MDS are both uncommon cancers normally, so even though the risk of these cancers is higher than average, very few patients develop them from their treatment.

Follow-up after treatment

After completing treatment for testicular cancer, you should still see your doctor regularly. You may have tests for a number of years to look for signs the cancer has come back or spread. Experts don't recommend any other testing to look for second cancers in people without symptoms. Let your doctor know about any new symptoms or problems, because they could be caused by the cancer coming back or by a new disease or second cancer.

Survivors can perform regular testicular self-exams to look for cancer in the remaining testicle.

All patients should follow the [American Cancer Society guidelines for the early detection of cancer](#), such as those for colorectal cancer.

The Children's Oncology Group has guidelines for the follow-up of patients treated for cancer as a child, teen, or young adult, including screening for second cancers. These can be found at www.survivorshipguidelines.org.

All survivors of testicular cancer should [avoid tobacco smoke](#), as smoking increases the risk of many cancers.

To help maintain good health, survivors should also:

- Achieve and maintain a [healthy weight](#)
- Adopt a [physically active lifestyle](#)
- Consume a [healthy diet](#), with an emphasis on plant foods
- Limit consumption of [alcohol](#) to no more than 2 drinks per day

These steps may also lower the risk of some cancers.

See [Second Cancers in Adults](#) for more information about causes of second cancers.

- [References](#)

[See all references for Testicular Cancer](#)

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Lifestyle Changes After Having Testicular Cancer

You can't change the fact that you have had cancer. What you can change is how you live the rest of your life – making choices to help you stay healthy and feel as well as you can. This can be a time to look at your life in new ways. Maybe you are thinking about how to improve your health over the long term. Some people even start during cancer treatment.

Making healthier choices

For many people, a diagnosis of cancer helps them focus on their health in ways they may not have thought much about in the past. Are there things you could do that might make you healthier? Maybe you could try to [eat better or get more exercise](#). Maybe you could cut down on alcohol, or [give up tobacco](#). Even things like keeping your stress level under control may help. Now is a good time to think about making changes that can have positive effects for the rest of your life. You will feel better and you will also be healthier.

You can start by working on those things that worry you most. Get help with those that are harder for you. For instance, if you are thinking about [quitting smoking](#) and need help, call the American Cancer Society for information and support at 1-800-227-2345. A tobacco cessation and coaching service can help increase your chances of quitting for good.

Eating better

Eating right can be hard for anyone, but it can get even tougher during and after cancer treatment. Treatment may change your sense of taste. Nausea can be a problem. You may not feel like eating and lose weight when you don't want to. Or you may have gained weight that you can't seem to lose. All of these things can be very frustrating.

If treatment caused weight changes or eating or taste problems, do the best you can and keep in mind that these problems usually get better over time. You may find it helps to eat small portions every 2 to 3 hours until you feel better. You may also want to ask your cancer team about seeing a dietitian, an expert in nutrition who can give you ideas on how to deal with these treatment side effects.

One of the best things you can do after cancer treatment is put healthy eating habits

into place. You may be surprised at the long-term benefits of some simple changes, like increasing the variety of healthy foods you eat. Getting to and staying at a [healthy weight](#), eating a healthy diet, and limiting your [alcohol](#) intake may lower your risk for a number of types of cancer, as well as having many other health benefits. You can get more information in [Nutrition and Physical Activity During and After Cancer Treatment: Answers to Common Questions](#).

Rest, fatigue, and exercise

Extreme tiredness, called [fatigue](#), is very common in people treated for cancer. This is not a normal tiredness, but a bone-weary exhaustion that often doesn't get better with rest. For some people, fatigue lasts a long time after treatment, and can make it hard for them to exercise and do other things they want to do. But exercise can help reduce fatigue. Studies have shown that patients who follow an exercise program tailored to their personal needs feel better physically and emotionally and can cope better, too.

If you were sick and not very active during treatment, it is normal for your fitness, endurance, and muscle strength to decline. Any plan for physical activity should fit your own situation. If you haven't been active, you will have to start slowly – maybe just by taking short walks.

Talk with your health care team before starting anything. Get their opinion about your exercise plans. Then, try to find an exercise buddy so you're not doing it alone. Having family or friends involved when starting a new activity program can give you that extra boost of support to keep you going when the push just isn't there.

If you are very tired, you will need to balance activity with rest. It is OK to rest when you need to. Sometimes it's really hard for people to allow themselves to rest when they are used to working all day or taking care of a household, but this is not the time to push yourself too hard. Listen to your body and rest when you need to.

Keep in mind exercise can improve your physical and emotional health.

- It improves your cardiovascular (heart and circulation) fitness.
- Along with a good diet, it will help you get to and stay at a healthy weight.
- It makes your muscles stronger.
- It reduces fatigue and helps you have more energy.
- It can help lower anxiety and depression.
- It can make you feel happier.
- It helps you feel better about yourself.

And long term, we know that getting regular physical activity plays a role in helping to

lower the risk of some cancers, as well as having other health benefits.

Can I lower my risk of testicular cancer coming back?

Most people want to know if there are specific lifestyle changes they can make to reduce their risk of cancer coming back. Unfortunately, for most cancers there is little solid evidence to guide people. This doesn't mean that nothing will help – it's just that for the most part this is an area that hasn't been well studied. Most studies have looked at lifestyle changes as ways of preventing cancer in the first place, not slowing it down or keeping it from coming back.

At this time, not enough is known about testicular cancer to say for sure if there are things you can do that will be helpful. Adopting healthy behaviors such as not smoking, eating well, being active, and staying at a healthy weight may help, but no one knows for sure. Still, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of testicular cancer or other cancers.

- [References](#)

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How Might Testicular Cancer Affect Your Emotional Health?

During and after treatment, you may find yourself overcome with many different emotions. This happens to a lot of people.

You may find yourself thinking about death and dying. Or maybe you're more aware of the effect the cancer has on your family, friends, and career. You may take a new look at your relationships with those around you. Men with testicular cancer are often younger and might have concerns about other issues as well, such as dating, having sex, or fathering children.

Unexpected issues may also cause concern. For instance, you might be stressed by financial concerns resulting from your treatment. You might also see your health care team less often after treatment and have more time on your hands. These changes can make some people anxious.

Almost everyone who is going through or has been through cancer can benefit from getting [some type of support](#). You need people you can turn to for strength and comfort. Support can come in many forms: family, friends, cancer support groups, church or spiritual groups, [online support communities](#), or one-on-one counselors. What's best for you depends on your situation and personality. Some people feel safe in peer-support groups or education groups. Others would rather talk in an informal setting, such as church. Others may feel more at ease talking one-on-one with a trusted friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

The cancer journey can feel very lonely. It's not necessary or good for you to try to deal with everything on your own. And your friends and family may feel shut out if you don't include them. Let them in, and let in anyone else who you feel may help. If you aren't sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a [group or resource](#) that may work for you. You can also read [Distress in People with Cancer](#) or see [Coping With Cancer](#) for more information.

- [References](#)

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If Treatment for Testicular Cancer Stops Working

If cancer keeps growing or comes back after one kind of treatment, it is possible that another treatment plan might still cure the cancer, or at least shrink it enough to help you live longer and feel better. But when a person has tried many different treatments and the cancer has not gotten any better, even newer treatments might no longer be

effective. If this happens, it's important to weigh the possible limited benefits of trying a new treatment against the possible downsides, including treatment side effects. Everyone has their own way of looking at this.

This is likely to be the hardest part of your battle with cancer – when you have been through many treatments and nothing's working anymore. Your doctor might offer you new options, but at some point you may need to consider that treatment is not likely to improve your health or change your outcome or survival.

If you want to continue to get treatment for as long as you can, you need to think about the odds of treatment having any benefit and how this compares to the possible risks and side effects. Your doctor can estimate how likely it is the cancer will respond to treatment you are considering. For instance, the doctor may say that more treatment might have about a 1 in 100 chance of working. Some people are still tempted to try this. But it's important to have realistic expectations if you do choose this plan.

No matter what you decide to do, you need to feel as good as you can. Make sure you are asking for and getting treatment for any symptoms you might have, such as nausea or pain. This type of treatment is called [palliative care](#).

Palliative care

Palliative care helps relieve symptoms, but is not expected to cure the disease. It can be given along with cancer treatment, or can even be cancer treatment. The difference is its purpose – the main goal of palliative care is to improve the quality of your life, or help you feel as good as you can for as long as you can. Sometimes this means using drugs to help with symptoms like [pain](#) or nausea. Sometimes, though, the treatments used to control your symptoms are the same as those used to treat cancer. For instance, radiation might be used to help relieve pain caused by a large tumor. Or chemo might be used to help shrink a tumor and keep it from blocking the bowels. But this is not the same as treatment to try to cure the cancer.

You can learn more about the changes that occur when curative treatment stops working, and about planning ahead for yourself and your family, in [Advanced Cancer](#) and [Nearing the End of Life](#).

Hospice care

At some point, you may benefit from [hospice care](#). This is special care that treats the person rather than the disease; it focuses on quality rather than length of life. Most of the time, it is given at home. Your cancer may be causing problems that need to be

managed, and hospice focuses on your comfort. You should know that while getting hospice care often means the end of treatments such as chemo and radiation, it doesn't mean you can't have treatment for the problems caused by your cancer or other health conditions. In hospice the focus of your care is on living life as fully as possible and feeling as well as you can at this difficult time.

Staying hopeful is important, too. Your hope for a cure may not be as bright, but there's still hope for good times with family and friends – times that are filled with happiness and meaning. Pausing at this time in your cancer treatment gives you a chance to refocus on the most important things in your life. Now is the time to do some things you've always wanted to do and to stop doing the things you no longer want to do. Though the cancer may be beyond your control, there are still choices you can make.

- [References](#)

[See all references for Testicular Cancer](#)

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