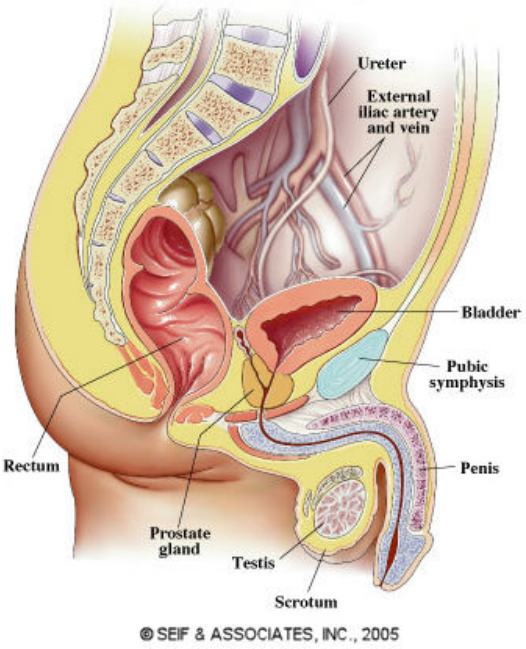
Testicular Cancer Treatment Options

Different types of treatments are available for patients with testicular cancer. Some treatments are commonly used and some are being tested in clinical trials. Before starting treatment, you may want to think about taking part in a clinical trial. A treatment clinical trial is a research study meant to help improve current treatments or obtain information on new treatments for patients with cancer. When clinical trials show that a new treatment is better than the standard treatment, the new treatment may become the standard treatment.



Clinical trials are taking place in many parts of the country. Information about ongoing clinical trials is available from the NCI Web site. Choosing the most appropriate cancer treatment is a decision that ideally involves you, your family, and the health care team.

PROGNOSIS

Testicular tumors are divided into 3 groups, based on how well the tumors are expected to respond to treatment.

Good Prognosis

For nonseminoma, all of the following must be true:

- The tumor is found only in the testicle or in the *retroperitoneum* (area outside or behind the abdominal wall).
- The tumor has not spread to organs other than the lungs.
- The levels of all the tumor markers are slightly above normal.

For seminoma, all of the following must be true:

- The tumor has not spread to organs other than the lungs.
- The level of alpha-fetoprotein (AFP) is normal. Beta-human chorionic gonadotropin (ß-hCG) and lactate dehydrogenase (LDH) may be at any level.

Intermediate Prognosis

For nonseminoma, all of the following must be true:

- The tumor is found in one testicle only or in the retroperitoneum (area outside or behind the abdominal wall).
- The tumor has not spread to organs other than the lungs.
- The level of any one of the tumor markers is more than slightly above normal.

For seminoma, all of the following must be true:

- The tumor has spread to organs other than the lungs.
- The level of AFP is normal. ß-hCG and LDH may be at any level.

Poor Prognosis

For nonseminoma, at least one of the following must be true:

- The tumor is in the center of the chest between the lungs.
- The tumor has spread to organs other than the lungs.
- The level of any one of the tumor markers is high.
- There is no poor prognosis grouping for seminoma testicular tumors.

TREATMENT

Three types of standard treatment are used:

Surgery

- Surgery to remove the testicle and some of the lymph nodes may be done at diagnosis and staging. Tumors

that have spread to other places in the body may be partly or entirely removed by surgery.

- Even if your caregiver removes all the cancer that can be seen at the time of the surgery, you may be given chemotherapy or radiation therapy after surgery to kill any cancer cells that are left. Treatment given after the surgery, to increase the chances of a cure, is called *adjuvant therapy*.

Radiation therapy

- Radiation therapy is a cancer treatment that uses high-energy x-rays or other types of radiation to kill cancer cells. There are two types of radiation therapy. External radiation therapy uses a machine outside the body to send radiation toward the cancer. Internal radiation therapy uses a radioactive substance sealed in needles, seeds, wires, or catheters that are placed directly into or near the cancer. The way the radiation therapy is given depends on the type and stage of the cancer being treated.

Chemotherapy

- Chemotherapy is a cancer treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping the cells from dividing. When chemotherapy is taken by mouth or injected into a vein or muscle, the drugs enter the bloodstream and can reach cancer cells throughout the body (*systemic chemotherapy*). When chemotherapy is placed directly into the spinal column, an organ, or a body cavity such as the abdomen, the drugs mainly affect cancer cells in those areas (*regional chemotherapy*). The way the chemotherapy is given depends on the type and stage of the cancer being treated.

New types of treatment are being tested in clinical trials. These include the following:

- High-dose chemotherapy with stem cell transplant is a method of giving high doses of chemotherapy and replacing blood-forming cells destroyed by the cancer treatment. *Stem cells* (immature blood cells) are removed from the blood or bone marrow of the patient or a donor and are frozen and stored. After the chemotherapy is completed, the stored stem cells are thawed and given back to the patient through an infusion. These reinfused stem cells grow into (and restore) the body's blood cells.
- Lifelong follow-up exams are very important for men who have had testicular cancer.
- Men who have had testicular cancer have an increased risk of developing cancer in the other testicle. A patient is advised to regularly check the other testicle and report any unusual symptoms to their caregiver right away.
- Lifelong clinical exams are very important. The patient will probably have checkups once per month during the first year after surgery, every other month during the next year, and less often after that.
- This summary section refers to specific treatments under study in clinical trials, but it may not mention every new treatment being studied. Information about ongoing clinical trials is available from the NCI Web site.

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