

# End of Treatment Letter

Testicular Cancer  
Physician



[DATE]

Re: End of Treatment

Dear Dr. \_\_\_\_\_,

Your patient [ARIA: Insert Name] has completed active treatment(s) at our Cancer Centre for non-seminoma testicular cancer. Your patient’s initial follow up will be provided by their **oncology treatment team**. We anticipate your patient will be followed up within the cancer system for [XX months/years]. This letter outlines:

- Follow-up procedures that will be carried out by the oncology treatment team, and
- Relevant information for you as their primary care provider related to
  - Potential signs and symptoms of recurrence
  - Late and long-term treatment complications to be monitored for
  - Wellness supports that may be helpful to your patient
  - Other cancer screening recommendations

You will receive a **Transfer of Care Letter from the Cancer Centre** when your patient meets our criteria for full transition back to you for the remainder of their non-seminoma testicular cancer surveillance. This subsequent letter will outline in detail our follow up recommendations for your patient’s longer term surveillance in primary care.

## Surveillance for Non-seminoma Cancer Recurrence

As part of the minimum recommended follow-up care for this patient for non-seminoma testicular cancer, **the Cancer Centre will organize** the testing schedule outlined below.

| Year of follow-up | 1  | 2  | 3  | 4-5  |
|-------------------|--|--|--|--|
| Stage I           | Every 2 months*: P/E, blood markers, CXR<br>Every 4 months: CT abdo/pelvis<br>Every 12 months: hormone levels    | Every 3 months: P/E, blood markers, CXR<br>Every 6 months: CT abdo/pelvis<br>Every 12 months: hormone levels     | Every 4 months: P/E, blood markers, CXR.<br>CT as clinically indicated.<br>Every 12 months: hormone levels | Every 6 months: P/E, blood markers, CXR.<br>CT as clinically indicated.<br>CT abdo/pelvis at end of year 5.<br>Every 12 months: hormone levels |
| Stage II          | Every 2 months: P/E, blood markers, CXR<br>Every 4 months: CT area of disease<br>Every 12 months: hormone levels | Every 3 months: P/E, blood markers, CXR<br>Every 6 months: CT area of disease<br>Every 12 months: hormone levels | Every 4 months: P/E, blood markers, CXR<br>CT as clinically indicated.<br>Every 12 months: hormone levels  | Every 6 months: P/E, blood markers, CXR.<br>CT as clinically indicated.<br>CT abdo/pelvis at end of year 5.<br>Every 12 months: hormone levels |

**Non-seminoma Testicular Cancer End of Treatment Letter – Physician  
AHS ONC END OF TREATMENT-NON-SEMINOMA-PHYSICIAN**

|           |  |  |   |  |
|-----------|--|--|---|--|
| Stage III | Every 2 months: P/E, blood markers, CXR<br>Every 4 months: CT area of disease<br>Every 12 months: hormone levels | Every 3 months: P/E, blood markers, CXR<br>Every 6 months: CT area of disease<br>Every 12 months: hormone levels | Every 4 months: P/E, blood markers, CXR<br>CT as clinically indicated.<br>Every 12 months: hormone levels | Every 6 months: P/E, blood markers, CXR.<br>CT as clinically indicated.<br>CT chest/abdo/pelvis at end of year 5.<br>Every 12 months: hormone levels |
|-----------|--|--|---|--|

P/E = physical exam, CXR = chest x-ray, blood markers = alpha-fetoprotein (αFP), beta-human chorionic gonadotropin (β-hCG), and lactate dehydrogenase (LDH), hormone levels: LH (Luteinizing hormone), FSH (Follicular stimulating hormone), total testosterone

The oncology care team will do active surveillance for recurrence of non-seminoma testicular cancer, but does not conduct any other cancer prevention and or cancer screening procedures.

While we are providing your patient with active surveillance for their non-seminoma testicular cancer; the patient may present to your primary care location with signs and symptoms that may signal a cancer recurrence. **Patients reporting a new incidence, or escalation of any of the symptoms below should be directed back to their oncology treatment team for further assessment and follow up.**

\*For patients at higher risk of relapse (lymphovascular invasion, rete testis invasion, or embryonal subtype), measure markers every month in year 1.

## Monitoring for Complications

If your patient received chemotherapy, potential chemotherapy-related side effects include peripheral neuropathy, pulmonary toxicity, ototoxicity, and Raynaud-like phenomena can occur. Both radiation and chemotherapy may slightly increase the risk of cardiovascular disease and the development of secondary cancers, so monitoring of hypertension, dyslipidemia, and body mass index, as well as smoking cessation counselling, is important. Patients should be encouraged to report any unusual symptoms promptly.

Long-term orchidectomy side effects are usually minimal. However, in the rare circumstance where both testicles were removed, side effects may include erectile dysfunction and testosterone deficiency.

Testicular cancer survivors may have significant adjustment issues, anxiety and/or depression, self-image concerns, addiction issues, and issues related to employment and finances. A referral to psychosocial oncology may be beneficial. Please refer to patient support for available resources.

## Patient Support and General Recommendations

Other resources available to your patient in the surveillance period include:

- [After Treatment Book](#): Information and resources to help patients set priorities and take action following cancer treatment. It is handed to patients by the oncology team at the end of treatment

**Non-seminoma Testicular Cancer End of Treatment Letter – Physician  
AHS ONC END OF TREATMENT-NON-SEMINOMA-PHYSICIAN**

**Counselling and Support:** Post-treatment adjustment should be assessed. If issues are identified, treat or refer to an appropriately trained professional. Resources are available from the following sources (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

|                              |                            |  |
|------------------------------|----------------------------|--|
| Calgary: 403-355-3207        | Lethbridge: 403-388-6814   | Other Communities visit <a href="http://www.ahs.ca/cpn">www.ahs.ca/cpn</a> and click: Provincial Cancer Patient Navigation |
| Edmonton: 780-643-4303       | Medicine Hat: 403-529-8817 |  |
| Grande Prairie: 825-412-4200 | Red Deer: 403-343-4485     |  |

**Healthy Lifestyle Recommendations:** Your patient is encouraged to lead a healthy lifestyle. Here are some evidence informed recommendations about modifiable lifestyle factors for your information:

| Modifiable Lifestyle Factor      | Recommendations   |
|----------------------------------|---|
| Body Weight                      | <ul style="list-style-type: none"> <li>• Body mass index (BMI): 18.5-25 kg/m<sup>2</sup></li> <li>• Waist circumference: less than 80 cm for women / less than 94 cm for men.</li> </ul>  |
| Physical Activity                | <ul style="list-style-type: none"> <li>• Try to be active for 2.5 hours (150 minutes) every week.</li> <li>• Spread out exercise throughout the day and week, such as 30 minutes 5 days a week.</li> <li>• Focus on moderate (brisk walking) to vigorous activity (jogging).</li> </ul>   |
| Nutrition                        | <ul style="list-style-type: none"> <li>• Avoid sugary drinks and foods.</li> <li>• Eat a variety of vegetables, fruits, whole grains, and legumes.</li> <li>• Limit consumption of red meats (such as beef, pork, and lamb), and avoid processed meats.</li> <li>• Limit consumption of salty foods and foods processed with salt.</li> </ul> |
| Dietary Supplements/ Bone Health | <ul style="list-style-type: none"> <li>• Vitamin D: 1000 - 2000 IU per day.</li> <li>• Calcium: 1000 mg per day (from all sources).</li> <li>• Treatment and follow up as per Canadian Osteoporosis Guidelines.</li> </ul>  |
| Alcohol                          | Limit alcohol consumption (<1 drink/day, <3 drinks/week).   |
| Smoking                          | Practice smoking cessation. For help contact Alberta Quits 1-877-710-QUIT (7848) or visit <a href="http://www.albertaquits.ca">www.albertaquits.ca</a> and <a href="http://www.ahs.ca/guru">www.ahs.ca/guru</a> for the clinical practice guideline.  |
| Sun Exposure                     | <ul style="list-style-type: none"> <li>• Advise on avoidance of excessive or potentially harmful UV exposure.</li> <li>• Advocate for the use of sunscreen and sunglasses.</li> <li>• Advise against the use of indoor tanning beds.</li> <li>• Check skin regularly for suspicious lesion.</li> </ul>  |
| Immunizations                    | <ul style="list-style-type: none"> <li>• Annual non-live influenza vaccination unless contraindicated.</li> <li>• Other vaccinations as appropriate.</li> </ul>   |
| Other cancer screening           | <ul style="list-style-type: none"> <li>• Age-appropriate screening such as breast, colorectal and other cancers.</li> <li>• Refer to <a href="http://www.screeningforlife.ca/healthcare-providers-resources/">www.screeningforlife.ca/healthcare-providers-resources/</a> for more information.</li> </ul>                                    |

## Specific Concerns for Non-Seminoma Cancer Patients

**Fertility and Sexuality:** Treatment for testicular cancer can have significant effects on fertility and sexual function. Psychosocial issues surrounding a cancer diagnosis and treatment may decrease libido in some

**Non-seminoma Testicular Cancer End of Treatment Letter – Physician  
AHS ONC END OF TREATMENT-NON-SEMINOMA-PHYSICIAN**

patients and a referral to psychosocial oncology may be beneficial. For men who underwent unilateral orchidectomy, the remaining testicle usually produces sufficient testosterone. Some men may experience decreased libido, but this usually improves with time. A testicular prosthesis may improve confidence and body image. Some men may develop hypogonadism requiring testosterone supplementation, and those who had bilateral orchidectomy will require supplementation. Patients who underwent retroperitoneal lymph node dissection may have nerve damage leading to retrograde ejaculation. Fertility will likely be reduced in most men who had chemotherapy. This may change and improve over time. A referral to a fertility specialist can be considered if there are concerns. Most patients who have treatment that could reduce fertility will have been offered sperm banking as an option. However, there are significant costs associated with sperm banking. Most of the sexual and fertility side effects of testicular cancer treatment are temporary, but appropriate referrals could improve patient quality of life.

At any time if you have any concerns or are in need of more information please call the referring oncologist at XXX.

We appreciate your partnership in caring for this patient.

Sincerely,

**The Alberta Provincial Genitourinary Tumour Team**