Guideline Resource Unit
guru@ahs.ca

Transfer of Care Letter

Testicular Cancer

Physician

Cancer Care Alberta

www.ahs.ca/guru

[DATE]

Re: Transfer of Care

Dear Dr._____,

Your patient [ARIA: Insert Name] has received treatment(s) for non-seminoma testicular cancer at the Cancer Centre and is now being **transitioned** back to you for ongoing testicular cancer surveillance in addition to their regular care.

Your patient is in XXX year of their follow up surveillance.

The evidence-based recommendations outlined below outline the standard follow-up procedures for testicular cancer surveillance, and are intended to assist you in providing optimal testicular cancer follow-up care for your patient; these recommendations are not intended to be a substitute for clinical judgment.

Surveillance for Non-seminoma Cancer Recurrence

As part of the minimum recommended follow-up, **we ask you to organize** the testing schedule outlined below. Your patient completed treatment for **stage____ non-seminoma** in **_____**, **20__** and has completed **____** years of follow-up at the Cancer Centre. We ask that you organize follow-up according to the schedule below commencing at year **___**.

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

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

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

Physical exam should include close examination of abdomen, contralateral testicle, and cervical and supraclavicular nodes. Due to the risk of late effects of chemotherapy, cardiovascular, pulmonary, or neurologic symptoms should be evaluated thoroughly.

Patients presenting with any symptoms or signs of recurrence, such as elevated tumour markers or concerning imaging, re-referral to the cancer centre is required. Contact the **GU Triage Coordinator** at: Tom Baker Cancer Centre 403-521-3148 or Cross Cancer Institute 780-432-8134.

Complications and Late Effects of Non-Seminoma Cancer Treatment

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 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

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 www.ahs.ca/cpn 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	• Body mass index (BMI): 18.5-25 kg/m^2 • Waist circumference: less than 80 cm for women / less than 94 cm for men.
Physical Activity	• Try to be active for 2.5 hours (150 minutes) every week. • Spread out exercise throughout the day and week, such as 30 minutes 5 days a week. • Focus on moderate (brisk walking) to vigorous activity (jogging).
Nutrition	• Avoid sugary drinks and foods. • Eat a variety of vegetables, fruits, whole grains, and legumes. • Limit consumption of red meats (such as beef, pork, and lamb), and avoid processed meats. • Limit consumption of salty foods and foods processed with salt.
Dietary Supplements/ Bone Health	• Vitamin D: 1000 - 2000 IU per day. • Calcium: 1000 mg per day (from all sources). • Treatment and follow up as per Canadian Osteoporosis Guidelines.
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 www.albertaquits.ca and www.ahs.ca/guru for the clinical practice guideline.
Sun Exposure	• Advise on avoidance of excessive or potentially harmful UV exposure. • Advocate for the use of sunscreen and sunglasses. • Advise against the use of indoor tanning beds. • Check skin regularly for suspicious lesion.
Immunizations	• Annual non-live influenza vaccination unless contraindicated. • Other vaccinations as appropriate.

Other cancer screening	• Age-appropriate screening such as breast, colorectal and other cancers. • Refer to www.screeningforlife.ca/healthcare-providers-resources/ for more information.

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 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

Stage I Non-Seminoma (T1-4, N0, M0)

Year since treatment completion	Month 1 _____	Month 2 _____	Month 3 _____	Month 4 _____	Month 5 _____	Month 6 _____	Month 7 _____	Month 8 _____	Month 9 _____	Month 10 _____	Month 11 _____	Month 12 _____
1*		□ P/E □ TM □ CXR		□ P/E □ TM □ CXR □ CT-AP		□ P/E □ TM □ CXR		□ P/E □ TM □ CXR □ CT-AP		□ P/E □ TM □ CXR		□ P/E □ TM □ CXR □ CT-AP □ Hormone levels
2			□ P/E □ TM □ CXR			□ P/E □ TM □ CXR □ CT-AP			□ P/E □ TM □ CXR			□ P/E □ TM □ CXR □ CT-AP □ Hormone levels
3**				□ P/E □ TM □ CXR				□ P/E □ TM □ CXR				□ P/E □ TM □ CXR □ Hormone level
4**						□ P/E □ TM □ CXR						□ P/E □ TM □ CXR □ Hormone level
5**						□ P/E □ TM □ CXR						□ P/E □ TM □ CXR □ CT-AP □ Hormone levels

P/E = Physical exam; TM = tumour markers (AFP, b-HCG, LDH); CXR = chest x-ray; CT-AP = CT abdominal & pelvis; hormone levels: LH (Luteinizing hormone), FSH (Follicular stimulating hormone), total testosterone

*For patients with higher risk of relapse (i.e. lymphovascular invasion, rete testis invasion, or embryonal subtype), measure tumour markers every month in year 1. ** CT as clinically indicated

Stage II Non-Seminoma (T1-4, N+, M0)

Year since treatment completion	Month 1 _____	Month 2 _____	Month 3 _____	Month 4 _____	Month 5 _____	Month 6 _____	Month 7 _____	Month 8 _____	Month 9 _____	Month 10 _____	Month 11 _____	Month 12 _____
1		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz ☐ Hormone levels
2			☐ P/E ☐ TM ☐ CXR			☐ P/E ☐ TM ☐ CXR ☐ CT-dz			☐ P/E ☐ TM ☐ CXR			☐ P/E ☐ TM ☐ CXR ☐ CT-dz ☐ Hormone levels
3*				☐ P/E ☐ TM ☐ CXR				☐ P/E ☐ TM ☐ CXR				☐ P/E ☐ TM ☐ CXR ☐ Hormone levels
4*						☐ P/E ☐ TM ☐ CXR						☐ P/E ☐ TM ☐ CXR ☐ Hormone levels
5*						☐ P/E ☐ TM ☐ CXR						☐ P/E ☐ TM ☐ CXR ☐ CT-AP ☐ Hormone levels

P/E = Physical exam; TM = tumour markers (AFP, b-HCG, LDH); CXR = chest x-ray; CT-AP = CT abdominal & pelvis; CT-dz = CT area of known disease; hormone levels: LH (Luteinizing hormone), FSH (Follicular stimulating hormone), total testosterone

* CT as clinically indicated

Stage III Non-Seminoma (T1-4, N+, M+)

Year since treatment completion	Month 1 _____	Month 2 _____	Month 3 _____	Month 4 _____	Month 5 _____	Month 6 _____	Month 7 _____	Month 8 _____	Month 9 _____	Month 10 _____	Month 11 _____	Month 12 _____
1		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz		☐ P/E ☐ TM ☐ CXR		☐ P/E ☐ TM ☐ CXR ☐ CT-dz ☐ Hormone levels
2			☐ P/E ☐ TM ☐ CXR			☐ P/E ☐ TM ☐ CXR ☐ CT-dz			☐ P/E ☐ TM ☐ CXR			☐ P/E ☐ TM ☐ CXR ☐ CT-dz ☐ Hormone levels
3*				☐ P/E ☐ TM ☐ CXR				☐ P/E ☐ TM ☐ CXR				☐ P/E ☐ TM ☐ CXR ☐ Hormone levels
4*						☐ P/E ☐ TM ☐ CXR						☐ P/E ☐ TM ☐ CXR ☐ Hormone levels
5*						☐ P/E ☐ TM ☐ CXR						☐ P/E ☐ TM ☐ CXR ☐ CT-AP ☐ Hormone levels

P/E = Physical exam; TM = tumour markers (AFP, b-HCG, LDH); CXR = chest x-ray; CT-AP = CT abdominal & pelvis; CT-dz = CT area of known disease; hormone levels: LH (Luteinizing hormone), FSH (Follicular stimulating hormone), total testosterone

* CT as clinically indicated