

Patient care plan to be delivered to the patient and general practitioner at termination of uro-oncological follow-up

You were operated year _____ for testicular cancer, subtype:

Seminoma Non-seminoma

No dissemination of disease

Dissemination of disease to _____

Additional treatment

No

Chemotherapy (type and number of cycles : _____)

Radiotherapy

Surgery in addition to removal of the testicle _____

Date for last follow-up: _____ Hospital: _____

Responsible doctor: _____ Telephone: _____

You have completed the last oncological follow-up after previous treatment for testicular cancer. The risk for relapse of the disease is very low. This patient care plan should be shown in case of future contact with the health services.

There is a slightly increased risk of low levels of male sex hormones. Your sex hormone levels should be checked in case of loss of energy or lack of sexual interest or function. You are at a slightly increased risk of a new tumor in the remaining testicle and regular self-exams are recommended.

Men previously treated with chemotherapy and/or radiotherapy have an increased risk for hypertension, overweight, elevated cholesterol levels and cardiovascular disease. Further, a new cancer type may develop several years after treatment with chemotherapy and/or radiotherapy. Thus, it is advisable to keep away from smoking, avoid overweight and exercise regularly.

Men treated with full chemotherapy or radiotherapy for metastatic disease are recommended to schedule regular check-ups minimum every 5th year at the general practitioner:

- 1) Blood pressure, height and weight
- 2) Blood samples including fasting lipids (total cholesterol, HDL and LDL-cholesterol, triglycerides), glucose, HbA1c, plus sex hormones (testosterone, SHBG, FSH and LH) if hypogonadal symptoms
- 3) Other examinations according to symptoms

The purpose of these controls is to prevent, identify and possibly treat complications of the previous cancer treatment (mentioned above).