Survivorship – Testicular Cancer: Germ Cell

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RPLND = retroperitoneal lymph node dissection

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Survivorship – Testicular Cancer: Germ Cell

Seminoma Stage I Surveillance

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ELIGIBILITY

Germ cell tumors, seminoma stage I, 2 or more years from treatment completion and NED

CONCURRENT COMPONENTS OF VISITS

SURVEILLANCE

- Physical exam with each visit to include thorough exam of supraclavicular lymph nodes and contralateral testicle
- Years 2-5:
  - AFP, beta HCG and LDH every 6 months
  - Chest x-ray every 6 months
  - CT of abdomen and pelvis every 12-24 months
  - Testosterone, glucose, creatinine, and lipid profile annually
  - Testicular ultrasound[1] annually if high-risk
- Years 6-10:
  - Comprehensive metabolic panel (CMP), CBC with platelets, serum testosterone, and lipid profile annually
  - AFP, beta HCG and LDH as clinically indicated
  - Chest x-ray annually (optional)
  - CT of abdomen and pelvis as clinically indicated
  - Testicular ultrasound[1] annually if high-risk
- After year 10:
  - Testosterone, glucose, creatinine, and lipid profile annually
  - Imaging studies as clinically indicated

MONITORING FOR LATE EFFECTS

- Infertility
- Hypogonadism

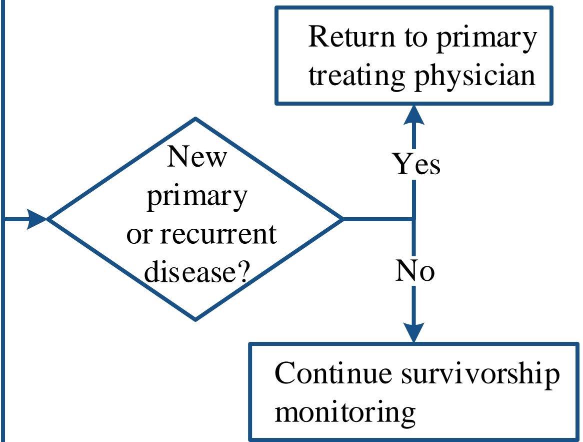
RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[2]
- Cancer screening[3]
- HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)
- Consider cardiovascular risk reduction[4]

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Financial stressors
- Social support
- Body image

DISPOSITION



Refer or consult as indicated

NED = no evidence of disease

[1] Annual ultrasound of contralateral testicle if one of the following present: diagnosis of seminoma and less than 30 years old when diagnosed or testicular maldescent or infertility
[2] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[3] Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[4] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

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Survivorship – Testicular Cancer: Germ Cell
Seminoma Stage I Post Adjuvant Radiation Therapy or Single-Agent Carboplatin

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ELIGIBILITY

Germ cell tumors, seminoma stage I, 2 or more years post-adjuvant radiotherapy or single-agent carboplatin and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

- Physical exam with each visit to include thorough exam of supraclavicular lymph nodes and contralateral testicle
- Years 2 and 3:
  - AFP, beta HCG, and LDH every 6 months
  - CBC and platelets, testosterone, glucose creatinine, and lipid profile annually
  - Chest x-ray and CT annually (CT of pelvis if post-radiation therapy; CT of abdomen if post-carboplatin)
  - Testicular ultrasound[1] annually if high-risk
- Years 4 and 5:
  - CBC and platelets, AFP, beta HCG, LDH, testosterone, glucose, creatinine, and lipid profile annually
  - Chest x-ray annually
  - CT of abdomen every 12-24 months (CT of pelvis if post-radiation therapy; CT of abdomen if post-carboplatin)
  - Testicular ultrasound[1] annually if high-risk
- Years 6-10:
  - CMP, CBC and platelets, serum testosterone and lipid profile annually
  - AFP, beta HCG, and LDH as clinically indicated
  - Testicular ultrasound[1] annually if high-risk
  - Other imaging as clinically indicated
- After year 10:
  - CBC and platelets, testosterone, glucose, creatinine, and lipid profile annually
  - Imaging as clinically indicated

MONITORING FOR LATE EFFECTS

- Infertility
- Hypogonadism
- Cardiovascular disease[2]
- Metabolic syndrome
- Neurotoxicity
- Renal insufficiency

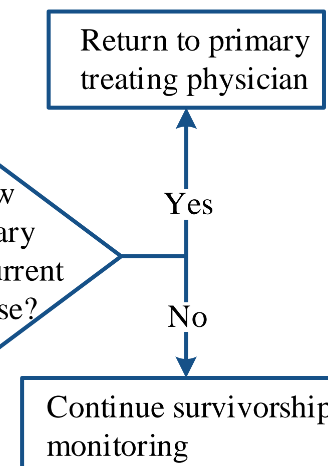
RISK REDUCTION/ EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment[3]
- Cancer screening[4]
- HPV vaccination as clinically indicated (see HPV Vaccination Algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV Algorithm)

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Financial stressors
- Body image
- Social support

DISPOSITION



Refer or consult as indicated

CMP = comprehensive metabolic panel
NED = no evidence of disease

[1] Annual ultrasound of contralateral testicle if one of the following is present: diagnosis of seminoma and less than 30 years old when diagnosed or testicular maldescent, or infertility
[2] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[3] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[4] Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

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Survivorship – Testicular Cancer: Germ Cell
Non-Seminoma Stage I Surveillance

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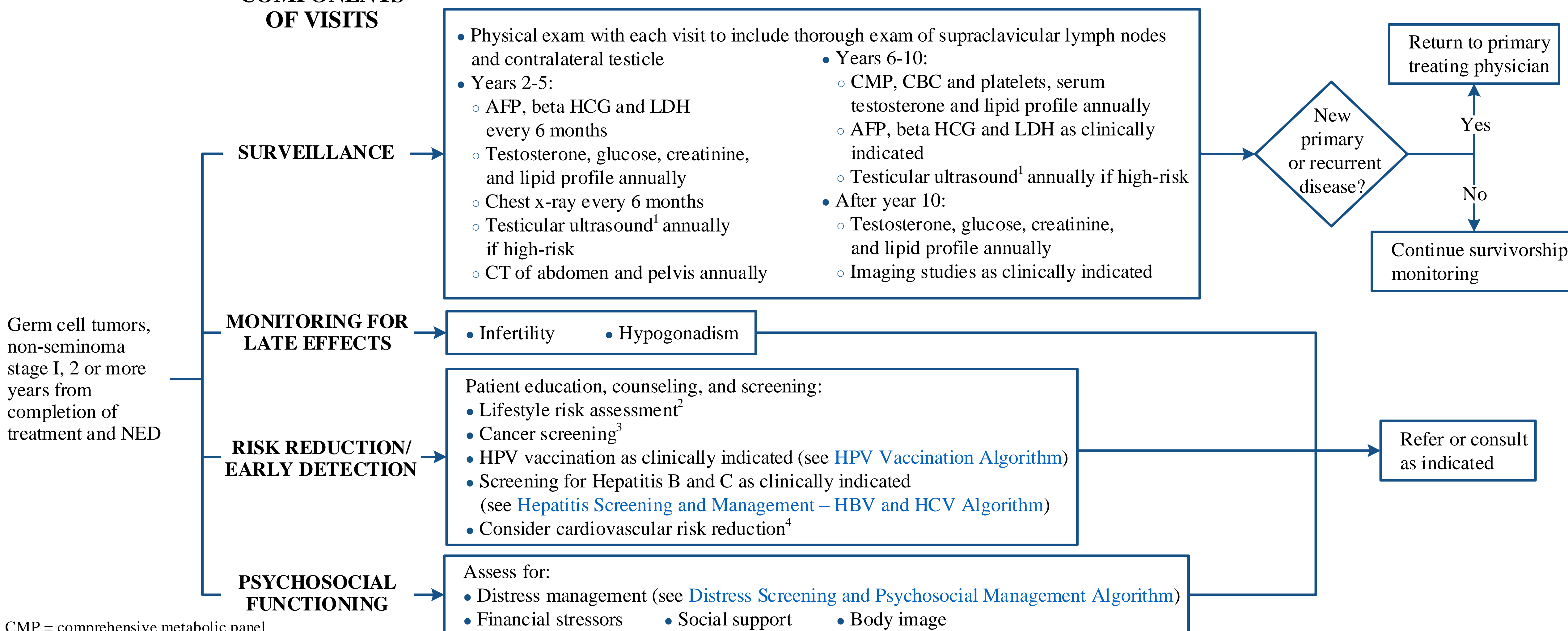

CMP = comprehensive metabolic panel
NED = no evidence of disease

[1] Annual ultrasound of contralateral testicle if one of the following present: diagnosis of seminoma and less than 30 years old when diagnosed or testicular maldescent or infertility
[2] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[3] Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening
[4] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

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Survivorship – Testicular Cancer: Germ Cell
Non-Seminoma Stage I Post-RPLND and/or Adjuvant Chemotherapy

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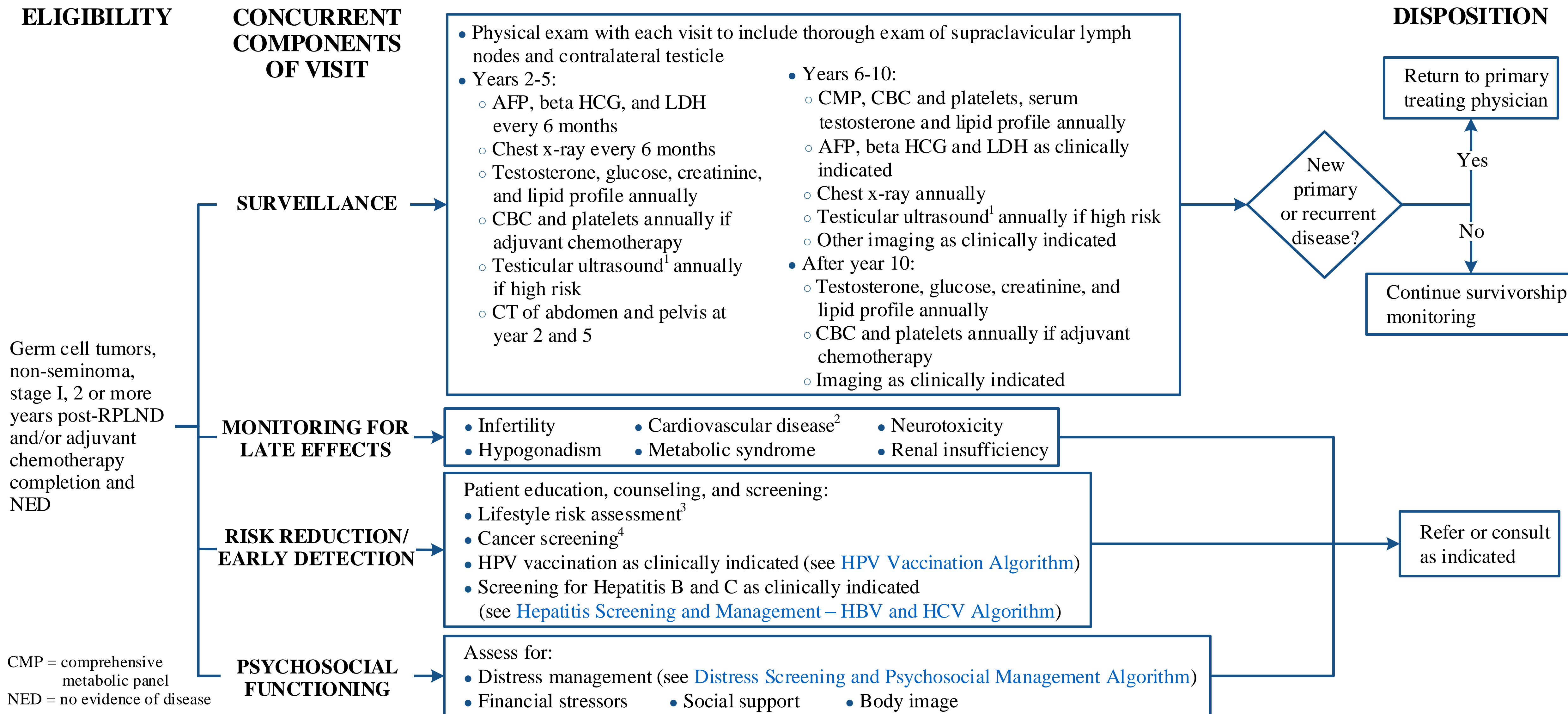

CMP = comprehensive metabolic panel
NED = no evidence of disease

[1] Annual ultrasound of contralateral testicle if one of the following is present: diagnosis of seminoma and less than 30 years old when diagnosed or testicular maldescent, or infertility
[2] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[3] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[4] Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

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Survivorship – Testicular Cancer: Germ Cell
All types, Stages II-IIIC

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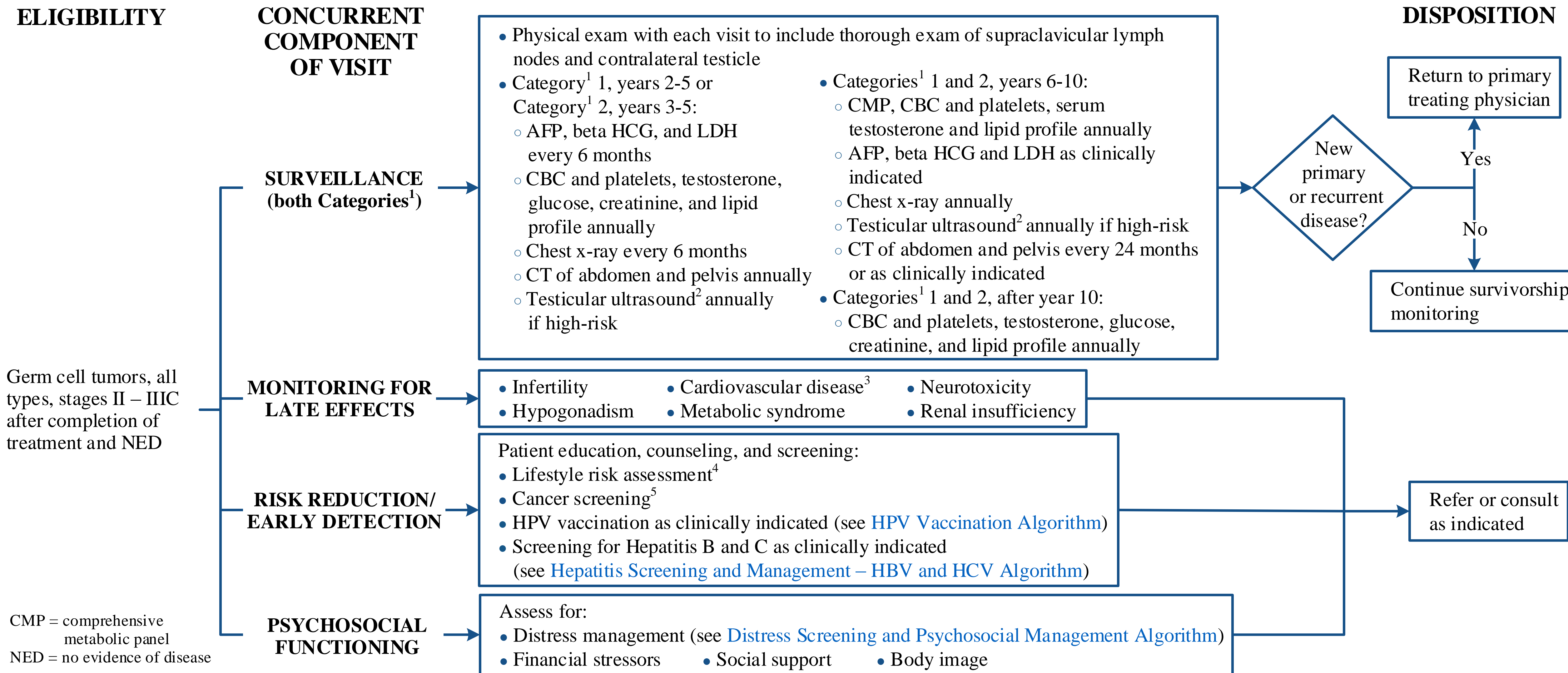

CMP = comprehensive metabolic panel
NED = no evidence of disease

[1] Category 1: germ cell tumors all types, stages II – IIIA; no evidence of disease at 2 years
Category 2: germ cell tumors all types, stages IIIB and IIIC; no evidence of disease at 3 years
[2] Annual ultrasound of contralateral testicle if one of the following is present: diagnosis of seminoma and less than 30 years old when diagnosed or testicular maldescent, or infertility
[3] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health
[4] See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
[5] Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

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