

Name:
Birth Date: Age:
Sex:
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Date:
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Date

Dear: _____
Family Physician/Nurse Practitioner/Surgeon

Your patient _____ has completed treatment for testicular cancer and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that the patient has already received.

- Follow-Up Recommendations
- Personalized Cancer Treatment Summary

The patient has also received a folder containing Testicular Cancer Follow-up Care Information and a "Moving Forward after Cancer Treatment" booklet addressing general issues for all cancer survivors, such as diet, exercise, and emotional recovery.

These documents are for your information to support your important role in caring for this patient. Many cancer recurrences present to the FP/NP **first** even when the patient is being followed at the cancer centre. Your vigilance for symptoms that may indicate recurrence is therefore important, as well as your support around their emotional and physical recovery, the management of their other medical conditions and their needs for health promotion and prevention. You will be sent updated information if the patient's follow-up care is transferred to you in the future.

More information for health care providers about follow-up care issues and resources for testicular patients can be found on the CCMB website: www.cancercare.mb.ca/followupcare/ Topics include:

Cancer Recurrence
Other Medical Tests & Cancer Screening
Moving Forward after Cancer Wellness Program
Resources

Fertility following testicular cancer
Testicular Patient Support and Resources
Testicular Problems, Side Effects and

Thank you very much for your care and commitment to the care of cancer patients and their families.

Sincerely,

Author Name

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Follow Up Care Recommendations
Stage I Non-Seminoma Testicular Cancer

	Year 1	Year 2	Year 3	Year 4	Year 5
Primary Care Visits (Physician / Nurse Practitioner): -History and focused examination: Cardiovascular disease, metabolic syndrome, fertility, sexual status and psychosocial status	Once	Once	Once	Once	Once
Oncologist/Family Physician in Oncology Visits: -History and focused examination: Cardiovascular disease, metabolic syndrome, fertility, sexual status and psychosocial status - Tumor Markers, Chest X-Rays, CT scans of the pelvis +/- abdomen	Every 2 months	Every 3 months	Every 6 months	Every 6 months	Every 6 months
Tumor Markers: Human chorionic gonadotropin (HCG) Alpha-Fetoprotein (AFP)	Every 2 months	Every 3 months	Every 6 months	Every 6 months	Every 6 months
Serum LH, FSH, Free and total testosterone Luteinizing Hormone (LH) Follicle Stimulating Hormone (FSH)	Once at 12 months	NR	NR	NR	NR
Chest X-Ray	Every 4 months	Every 6 months	Once (Optional)	NR	Once (Optional)
CT Scan of the pelvis +/- abdomen	Every 4 months	Every 6 months	Once (Optional)	NR	Once (Optional)
US- MRI- Bone- PET Scans	NOT performed if asymptomatic				

NR – Not Required

Oncologist/ Physician / Nurse Practitioner Visits

- Complete history with special attention to tobacco use, sunscreen use, fertility assessment, psychosocial and sexuality status, cardiovascular risk factors, secondary malignancy, obesity
- Complete physical examination, including: blood pressure, testis examination
- Laboratory monitoring of serum tumor marker assay
- Chest Radiography

Common Symptoms of Relapse/Recurrence

- | | |
|--|---|
| <ul style="list-style-type: none"> • New lumps or swelling in the remaining testicle • Lump on neck, armpit or groin • Pain or heaviness in groin, bone, abdomen, head and neck • Unexplained or new pain that is persistent or worsening • Back Pain • Vomiting that lasts more than a few days • Shortness of breath or trouble breathing | <ul style="list-style-type: none"> • Cough or coughing up blood • Nausea (feeling sick to the stomach) • Loss of appetite • Weight loss without trying • Large change in energy level or ability to be active • Enlargement of breast (chest area) tissue • Difficulty urinating or blood in bowel movements |
|--|---|

What to do if concerned about cancer recurrence

- Investigate with imaging of the area (CT recommended), complete blood work (HCG and AFP) and full physical exam.
- Please initiate investigations and a surgical referral to confirm pathology (when applicable) and fax a referral to the CCMB Referral Office at 204-786-0621 and indicate if patient is highly symptomatic. Patient will be contacted within 2-3 working days.

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**Stage 1 Non-Seminoma Testicular Cancer
 5 Year Follow-Up Tests and Appointments for:
 patient name, date of birth**

Date of Surgery:

	Procedure	Health Care Provider
Surgery + 0 Months	<ul style="list-style-type: none"> ARRANGE TRANSITION APPOINTMENT 1 	Oncologist/ Family Physician in Oncology
+ 2 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test DO TRANSITION APPOINTMENT 1 	Oncologist/ Family Physician in Oncology
+ 4 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test Chest X-Ray CT Scan of the pelvis +/- abdomen 	Oncologist/ Family Physician in Oncology
+ 6 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test 	Oncologist/ Family Physician in Oncology
+ 8 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test Chest X-Ray CT Scan of the pelvis +/- abdomen 	Oncologist/ Family Physician in Oncology
+ 10 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test Council Patients on Sexuality and refer if needed 	Oncologist/ Family Physician in Oncology
+12 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test Serum LH, FSH, Free and total testosterone Chest X-Ray CT Scan of the pelvis +/- abdomen 	Oncologist/ Family Physician in Oncology
+ 15 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test 	Oncologist/ Family Physician in Oncology
+18 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test Chest X-Ray CT Scan of the pelvis +/- abdomen 	Oncologist/ Family Physician in Oncology
+ 21 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test 	Oncologist/ Family Physician in Oncology
+24 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test CT Scan of the pelvis +/- abdomen 	Oncologist/ Family Physician in Oncology
+30 months	<ul style="list-style-type: none"> Medical Appointment Tumor Markers test 	Oncologist/ Family Physician in Oncology

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Stage 1 Non-Seminoma Testicular Cancer
5 Year Follow-Up Tests and Appointments Continued

	Procedure	Health Care Provider
+36 months	<ul style="list-style-type: none">• Medical Appointment• Tumor Markers test• Chest X-Ray (optional)• CT Scan of the pelvis +/- abdomen (optional)	Oncologist/ Family Physician in Oncology
+42 months	<ul style="list-style-type: none">• Medical Appointment• Tumor Markers test	Oncologist/ Family Physician in Oncology
+48 months	<ul style="list-style-type: none">• Medical Appointment• Tumor Markers test	Oncologist/ Family Physician in Oncology
+54 months	<ul style="list-style-type: none">• Medical Appointment• Tumor Markers test• ARRANGE TRANSITION APPOINTMENT 2	Oncologist/ Family Physician in Oncology
+ 60 months	<ul style="list-style-type: none">• Medical Appointment• Tumor Markers test• X-Ray of chest (Optional)• CT Scan of the pelvis +/- abdomen (Optional)• DO TRANSITION APPOINTMENT 2	Oncologist/ Family Physician in Oncology

* Beyond 5 years, no further imaging is required unless relapse is suspected.