

# Survivorship – Testicular Cancer: Germ Cell

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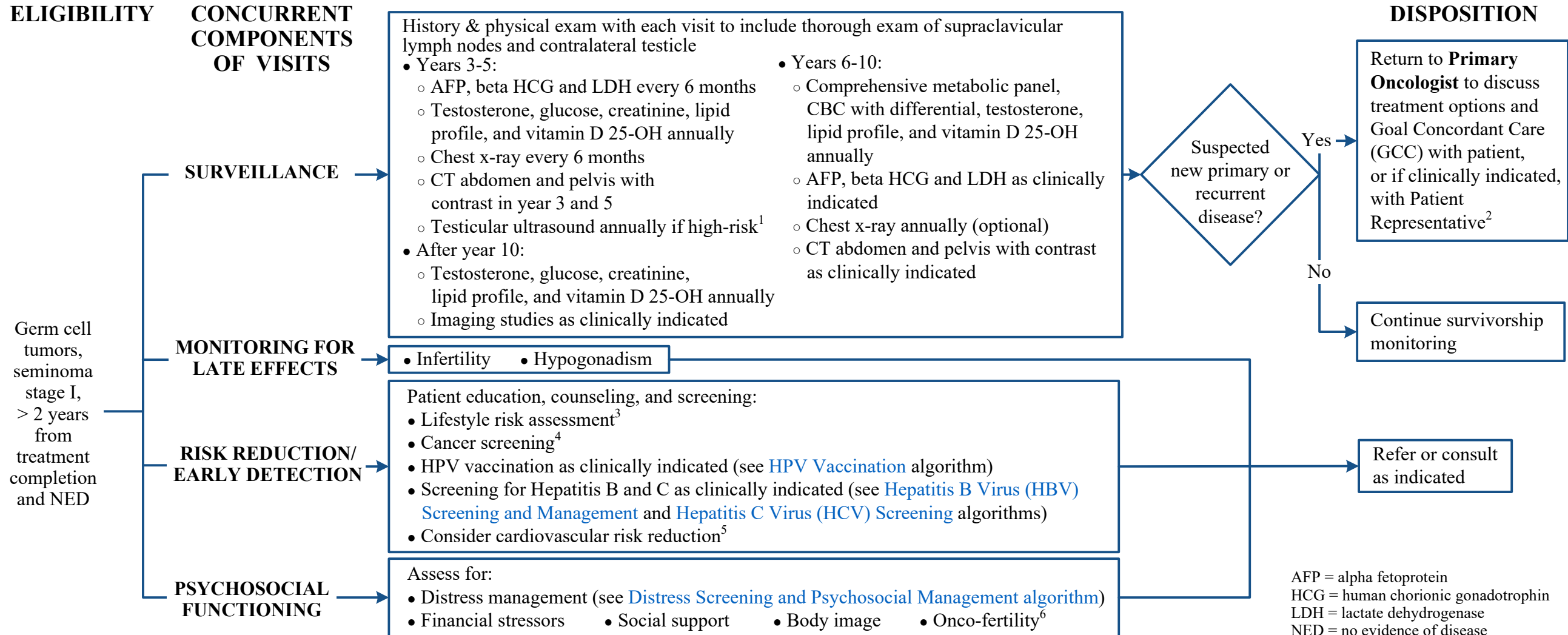
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RPLND = retroperitoneal lymph node dissection

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## Seminoma Stage I Surveillance

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<sup>2</sup> GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

<sup>3</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

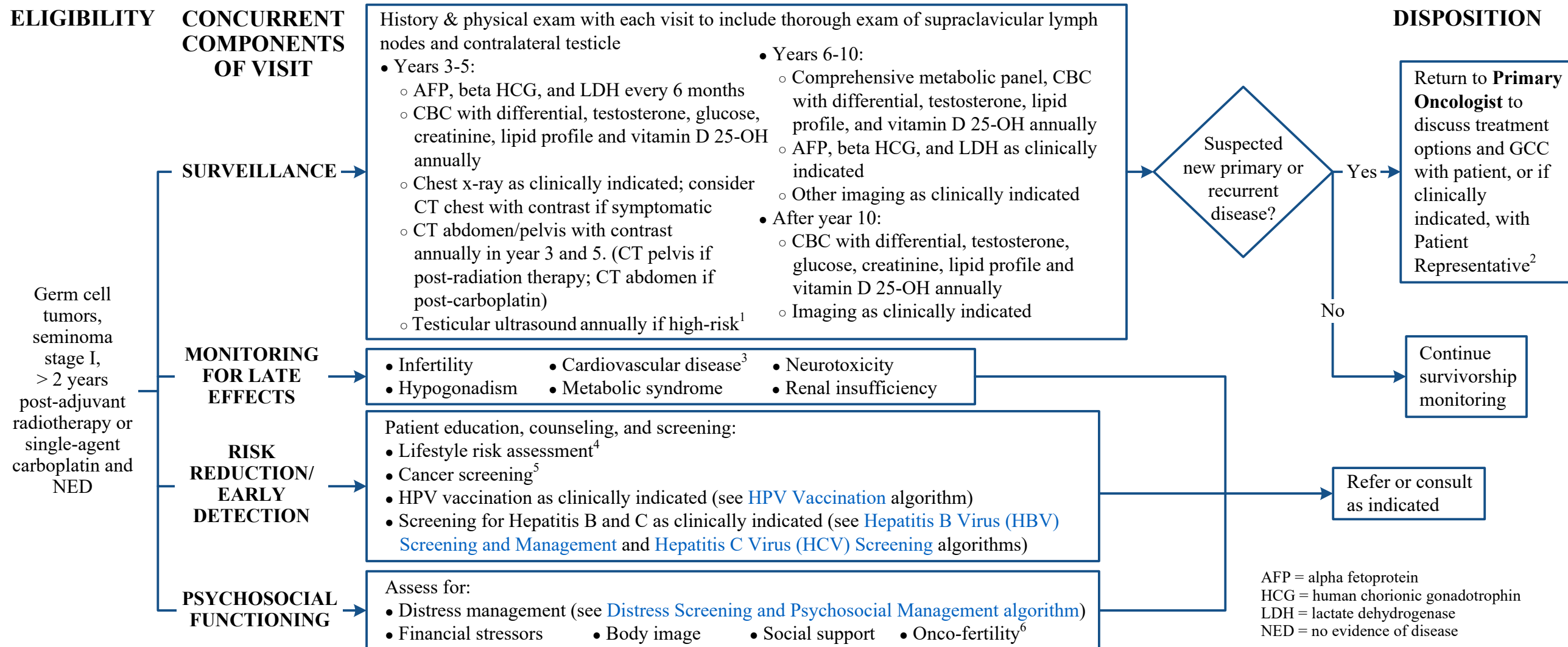
<sup>4</sup> Includes [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#), and [skin cancer](#) screening

<sup>5</sup> Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

<sup>6</sup> For additional resources consider a referral to the Adolescent and Young Adult (AYA) Clinic  
Department of Clinical Effectiveness V9

# Survivorship – Testicular Cancer: Germ Cell Seminoma Stage I Post Adjuvant Chemotherapy or Radiation Therapy

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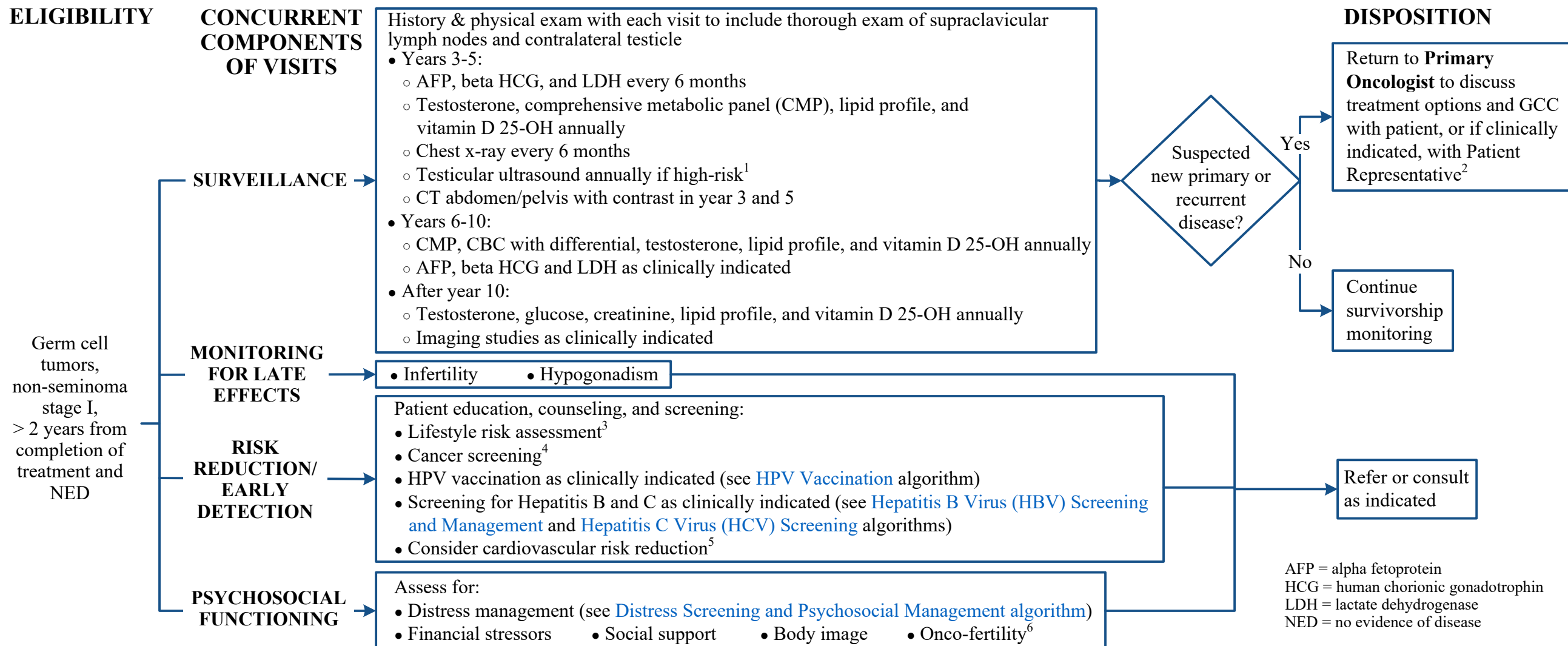
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## Non-Seminoma Stage I Surveillance

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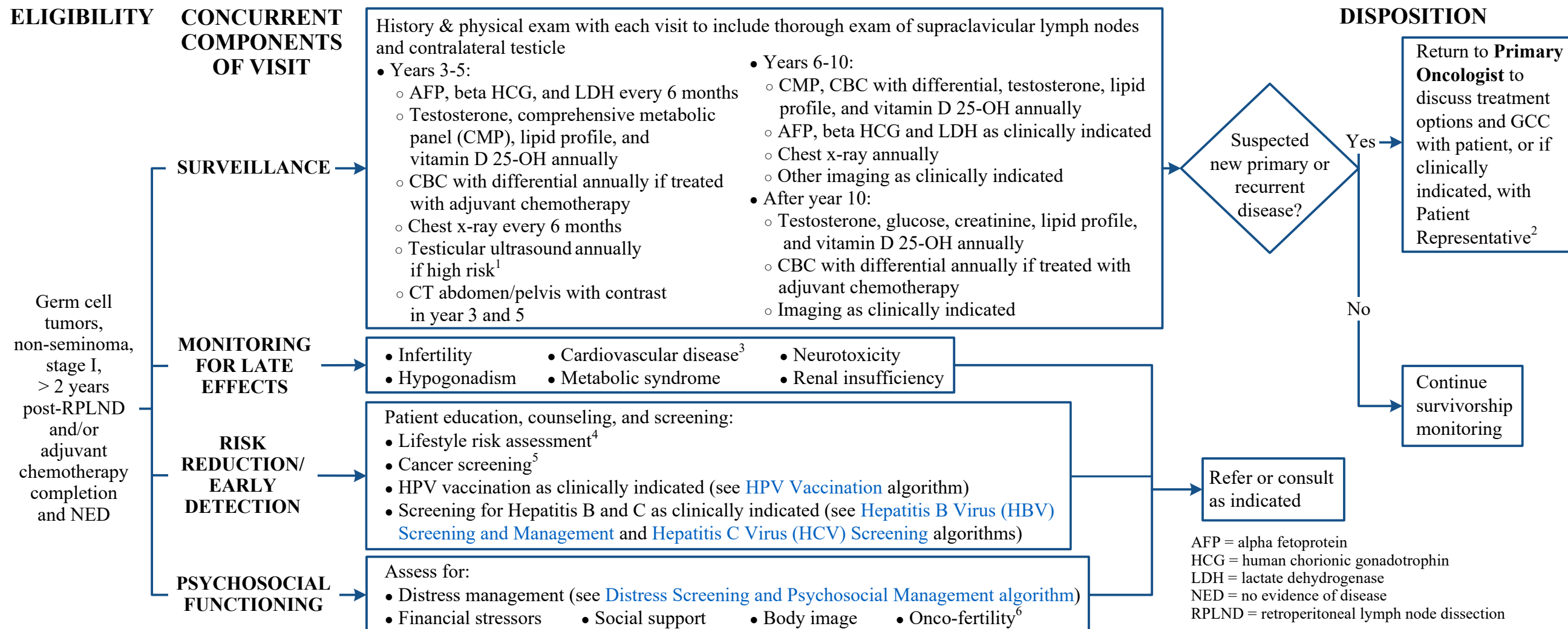
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# Survivorship – Testicular Cancer: Germ Cell Non-Seminoma Stage I Post-RPLND and/or Adjuvant Chemotherapy

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<sup>2</sup> GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

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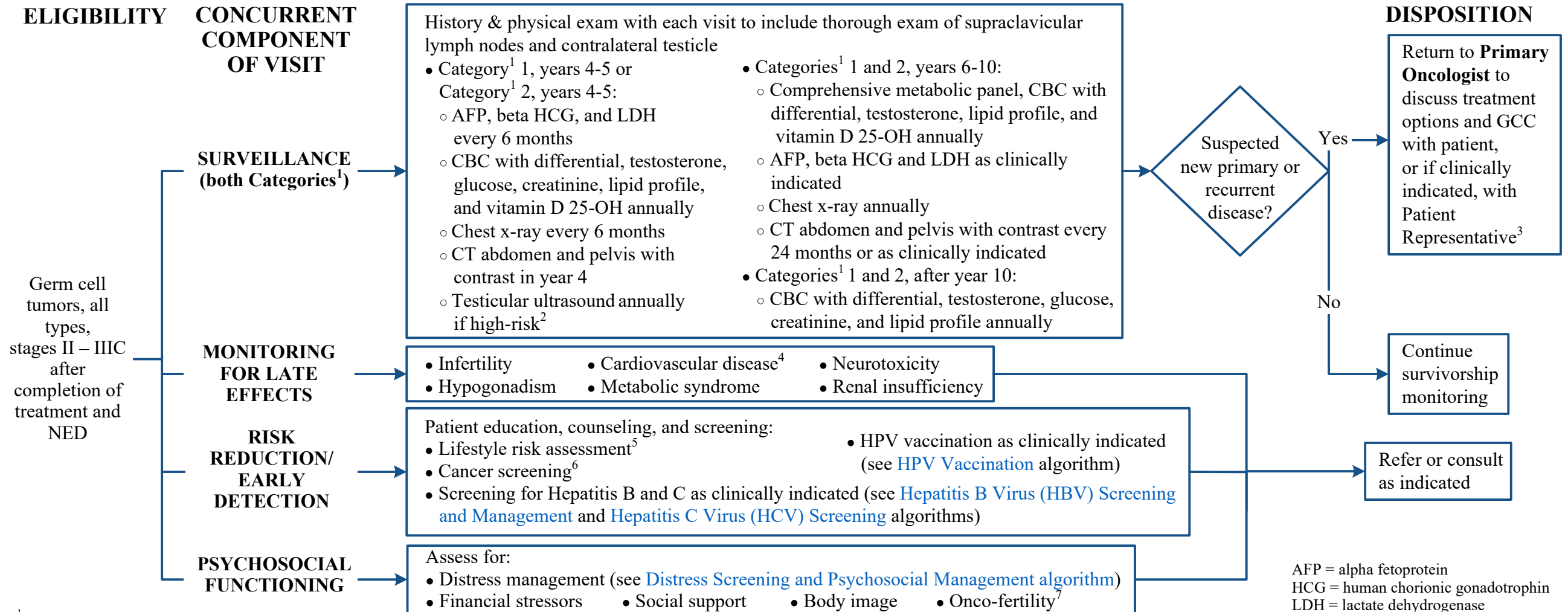
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## All types, Stages II-III C

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<sup>1</sup> Category 1: germ cell tumors all types, stages II – IIIA; no evidence of disease at years 4-5. Category 2: germ cell tumors all types, stages IIIB and IIIC; no evidence of disease at years 4-5

<sup>2</sup> Annual ultrasound of contralateral testicle if one of the following is present: diagnosis of seminoma and < 30 years old when diagnosed or testicular maldescent, or infertility

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## DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Genitourinary Survivorship workgroup at The University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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