PATIENT EDUCATION

Testicular cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Testicular cancer is most common in younger men. A painless lump is the classic finding. Types include seminoma and non-seminoma. Care is highly curable for many stages when done in a center that treats this often. Surgery (orchiectomy) comes first. Chemotherapy is common. Radiation is used in selected seminoma situations (for example, some node plans) and is not the first step for most non-seminomas.

What you may notice

- A lump, heaviness, or swelling in a testicle
- Back pain if nodes are enlarged
- Breast tenderness from hormone changes in some tumors
- Worry about fertility and testosterone — raise both before further treatment

Usual care — the big picture

Sperm banking should be offered before chemotherapy or radiation when you might want children. Surveillance after surgery is appropriate for some early cases. Follow-up is long and matters.

Where CureRays may fit. CureRays treats selected seminoma nodal fields and metastases when radiation is the agreed tool. We will say if chemotherapy is the better next step. Confirm with urology and medical oncology.

What radiation treatment usually involves

- Review of orchiectomy pathology and tumor markers
- Fertility counseling before we simulate if radiation is chosen
- Simulation of the para-aortic or other agreed field
- Nausea and fatigue supports; skin care on the back/abdomen

Immobilization — why it matters

A belly board or mold and a full-bladder trick may move bowel. Shielding of the remaining testicle is discussed when relevant. Immobilization is for the beam, not a reason you cannot walk out after.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Nausea and fatigue** for abdominal fields.
- **Skin** on the back.
- **Fertility and sperm** — plan before, not after.
- **Rare / serious.** Fever during chemo periods, or sudden back pain/weakness.

What this means for you at CureRays

Most people with testicular cancer are young and will live a long time — survivorship (heart health, second cancers, hormones) is part of the first conversation, not an afterthought.

Questions to ask

- Is this seminoma or non-seminoma, and does radiation even apply?
- Can I bank sperm before the next step?
- What is the follow-up marker and scan schedule?
- When can I return to sports or work?

How to schedule or learn more

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