

# Cancer Association of South Africa (CANSA)



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## Fact Sheet on Testicular Cancer and Male Fertility

### Introduction

Male infertility refers to a male's inability to cause pregnancy in a fertile female. In humans it accounts for 40-50% of infertility. Male infertility is commonly due to deficiencies in semen, and semen quality is used as a surrogate measure of male fertility.



[Picture Credit: Sperm]

Individuals who learn they are infertile often experience the normal but nevertheless distressing emotions common to those who are grieving any significant loss — in this case the ability to procreate. Typical reactions include shock, grief, depression, anger, and frustration, as well as loss of self-esteem, self-confidence, and a sense of control over one's destiny.

### **Darabos, K. & Hoyt, M.A. 2020.**

“Coping through emotional processing (EP) with cancer-related circumstances can take several forms, including methods thought to be constructive (e.g., planning, meaning making) and unconstructive (e.g., rumination). These forms can have differential relationships with experiences of stress. Associations of coping through constructive and unconstructive EP in expressive writing with salivary stress biomarkers were examined among young adult testicular cancer survivors. Constructive processing was significantly associated with less overall daily cortisol output and smaller salivary alpha-amylase awakening response; unconstructive processing was also associated with lower daily cortisol output. These preliminary results from this exploratory study inform future research associating emotion-regulation coping and biological stress reactivity.”

### **Wang, A.W. & Hoyt, M.A. 2020.**

**BACKGROUND AND OBJECTIVES:** Perceiving benefit from a health-related stressor such as cancer has been associated with better psychological adjustment in various cancer populations; however, it has not been studied in the context of young adulthood or gender-related cancer threat. This study investigated the role of benefit finding in psychological adjustment among young adults with testicular cancer, and whether BF moderates cancer-related masculine threat.

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**DESIGN:** This study utilizes a cross-sectional design with a diverse sample of young adult testicular cancer survivors.

**METHODS:** Men with a history of testicular cancer ( $N = 171$ ;  $M$  age = 25.2,  $SD = 3.32$ ) completed questionnaires of benefit finding, cancer-related masculine threat, and indicators of psychological adjustment.

**RESULTS:** Multiple regression analysis revealed that cancer-related masculine threat was associated with worse adjustment across indicators and that benefit finding was related to higher positive affect and lower depressive symptoms. Benefit finding attenuated the potentially adverse effect of cancer-related masculine threat on negative affect and depressive symptoms such that cancer-related masculine threat demonstrated a stronger association with negative affect and depressive symptoms for people with relatively low BF.

**CONCLUSIONS:** For young adult men with testicular cancer, finding benefit appears to promote well-being in the face of masculine cancer threat.

### The Male Reproductive System

The male reproductive tract is made up of the testes, a system of ducts (tubes) and other glands opening into the ducts.

The testes (testis: singular) are a pair of egg shaped glands that sit in the scrotum next to the base of the penis on the outside of the body. Each normal testis is 15 to 35ml in volume in adult men. The testes are needed for the male reproductive system to function normally.

The testes have two related but separate roles:

- production of sperm
- production of the male sex hormone, testosterone.

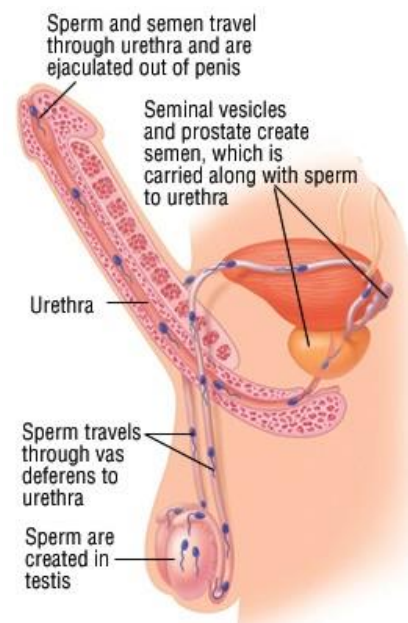
Male infertility can be caused by problems that affect sperm production or the sperm transport process. With the results of medical tests, doctors are able to find the cause of the problem.

Sperm production problems: The most common cause of male infertility is due to a problem in the sperm production process in the testes. Low numbers of sperm are made and/or the sperm that are made do not function properly. About two thirds of infertile men have sperm production problems.

Blockage of sperm transport: Blockages (often referred to as obstructions) in the tubes leading sperm away from the testes to the penis can cause a complete lack of sperm in the ejaculated semen.

[Picture Credit: Fertility]

This is the second most common cause of male infertility and affects about one in every five infertile men, including men who have had a vasectomy but now wish to have more children.



**Sperm antibodies:** In some men, substances in the semen and/or blood called sperm antibodies can develop which can reduce sperm movement and block egg binding (where the sperm attaches to the egg) as is needed for fertilisation. About one in every 16 infertile men has sperm antibodies.

**Sexual problems:** Difficulties with sexual intercourse, such as erection or ejaculation problems, can also stop couples from becoming pregnant. Sexual problems are not a common cause of infertility.

**Hormonal problems:** Sometimes the pituitary gland does not send the right hormonal messages to the testes. This can cause both low testosterone levels and a failure of the testes to produce sperm.

Hormonal causes are uncommon, and affect less than one in 100 infertile men. Unfortunately, medical scientists do not yet understand all the details of sperm production and the fertilisation process. As a result, for many men with a sperm production problem, the cause cannot be identified.

### Incidence of Testicular Cancer in South Africa

The following South African statistics regarding histologically diagnosed cases of testicular cancer during 2014 are available from the outdated National Cancer Registry (2014) known for under reporting:

Group 2014	Actual No of Cases	Percentage of All Cancers	Estimated Lifetime Risk
All males	188	0,51%	1:1 798
Asian males	15	1,63%	1:734
Black males	32	0,29%	1:8 268
Coloured males	26	0,62%	1:1 334
White males	114	0,55%	1:260

The frequency of histologically diagnosed cases of testicular cancer in South Africa for 2014 was as follows (National Cancer Registry, 2014):

Group 2014	0 – 19 Years	20 – 29 Years	30 – 39 Years	40 – 49 Years	50 – 59 Years	60 – 69 Years	70 – 79 Years	80+ Years
All males	16	45	66	34	18	5	2	1
Asian males	3	4	5	2	1	0	0	0
Black males	7	7	8	5	3	1	0	0
Coloured males	1	8	6	6	4	0	1	0
White males	5	26	46	20	10	4	1	1

According to **Bruni, et al.,** (2019), the burden of cervical cancer for South Africa for 2018 is estimated as:

- Annual number of Testicular cancer cases 218
- Annual number of Testicular cancer deaths 74

## **Testicular Cancer and Infertility**

Testicular cancer affects men mostly in their reproductive age and occurs mostly in men between the ages of 15 and 49. Fertility problems are usually complex and when testicular cancer is involved, they become even more complicated.

Testicular cancer and its treatment can affect hormone levels and might affect a man's ability to father children after treatment. It is, therefore, important to discuss the possible effects with a doctor before starting testicular cancer treatment so that one is aware of the risks and what options may be available.

Most boys and men who develop testicular cancer, develop cancer in only one testicle. The remaining testicle usually can make enough testosterone (the main male hormone) to keep the person healthy. If the other testicle needs to be removed because the cancer is present in both testicles, or if a new cancer develops in the other remaining testicle, the individual will need to take some form of testosterone supplementation for the rest of his life. Most often this is in the form of a gel or patch that is applied to the skin or a monthly injection.

Testicular cancer, or its treatment, can make a person infertile (unable to father a child). Before treatment starts, men who might wish to father children later in life, may want to consider storing sperm in a sperm bank for later use. Infertility can be an issue later in life for boys who had testicular cancer. If a boy has already gone through puberty, sperm banking is often a good option, since the frozen samples are not damaged by long periods of storage. Researchers are currently looking at new techniques that might allow younger boys to someday father children.

**Parekh, N.V., Lundy, S.D. & Vij, S.C. 2020.**

"The modern approach to cancer management has evolved into a multidisciplinary initiative focused not only on cancer specific and overall survival, but also patient quality of life and survivorship. Future fertility is often a major concern for young patients undergoing cancer therapy. Fertility preservation has emerged as a viable but significantly underutilized option. Patients and families should be aware of the varying effects of antineoplastic therapy on their future fertility to allow for an informed decision regarding their fertility preservation options. In this review we discuss the epidemiology, pathophysiology, and management of fertility in the setting of testicular cancer diagnosis and treatment."

## **Surgery for Testicular Cancer and Fertility**

Removing a testicle will not affect a person's sexual performance or his ability to father children. The healthy testicle (unless it is very small) will produce more testosterone and sperm to make up for the testicle that has been removed.

Men who have an operation to also remove the retroperitoneal lymph nodes may get nerve damage, which will cause retrograde ejaculation, meaning that sperm goes backwards during ejaculation into the bladder instead of coming out through the tip of the penis. The sperm is then passed out harmlessly in the urine. This type of surgery does not stop a person from getting an erection or having sex, but the orgasm will feel different because it is 'dry' (a dry climax).

New surgical techniques mean that this problem can be avoided. It is important, however, to speak to the treating specialist beforehand for advice about storing sperm.

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**Vaz, R.M., Bordenali, G. & Bibancos, M. 2019.**

“Testicular Germ Cell Tumor (GCT) is the most common solid tumor in men between the ages of 20-44. Men diagnosed with GCT have excellent survival rates due to advances in the multimodal treatment paradigm of chemotherapy, radiation therapy, and surgery. When considering the adequate treatment, several variables should be investigated and known to select the proper procedure. Therefore, when considering Testicular Intra-Epithelial Neoplasia, organ-sparing treatment, such as radiotherapy or organ-sparing surgery should be considered, reaching a cure rate of 98%. However, when the case is of a seminoma or a non-seminoma, orchiectomy is usually the chosen procedure, reaching an oncological cure rate of 80-85%, when there is no metastasis. Retroperitoneal Lymph Node Dissection (RPLND) is generally considered as a treatment option for non-seminomas, when lymph nodes are compromised. There are three different RPLND techniques: open, laparoscopic, and robotic. The open approach is as effective as the other two in its oncological efficiency. Although, when considering both laparoscopic and robotic approach, hospital stays are significantly reduced, better cosmetic results, and less complications when compared to the open approach. Both laparoscopic and robotic approaches require extensive experience and have a steep learning curve, while also providing similar outcome, however, recent studies have been pointing out a slight increase of advantages on the robotic approach. Therefore, further studies are necessary to assert the robotic approach superiority. Also, it is noteworthy that new technologies are on the rise, improving the laparoscopic approach, requiring further studies after their uses are consolidated.”

### **Radiation Therapy for Testicular Cancer and Fertility**

Radiation therapy can cause infertility in two distinct ways:

Primary testicular damage - occurs from radiation aimed directly at or near the testicles. Spermatogonia (sperm forming) cells are extremely sensitive to the effects of radiation therapy. Doses as low as 600 cGy can cause irreversible damage to the sperm forming cells. Doses less than this may cause a temporary drop in the number and quality of sperm produced.

Testicular leukaemia - one to two percent of boys have leukaemia cells in the testicles at the time of their leukaemia diagnosis. This is determined by examining the testicles; in some cases a biopsy may be required. Stronger treatment is usually given to boys that have leukaemia in the testicles, and some will need to get radiation therapy.

*Scatter radiation* is the term used to describe radiation that occurs in areas not directly within the radiation therapy treatment field, but near to it. Examples of radiation sites that may result in scatter radiation to the testis include: radiation to the lymph nodes in the lower abdomen used for treatment of higher stage Hodgkin's Lymphoma or testicular cancer, or radiation delivered to the upper thigh for a tumour located in this area. Lead shields are used to protect the testis when the treatment field is nearby, but small amounts of radiation exposure may still occur.

*Leydig cells* are relatively resistant to the damaging effects of radiation therapy. Normal function remains following exposure or treatment with doses less than 2400cGy. This is important because Leydig cells produce testosterone, which is required for normal sexual development and normal sexual activity.

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Secondary or indirect testicular failure - may occur following radiation therapy to the brain. Radiation may damage the pituitary gland, located in the brain, which is responsible for secreting hormones needed for normal sexual function. Pituitary damage may result in low doses of the hormones (FSH and LH) needed to stimulate the sperm forming cells and Leydig cells. Both LH and FSH are produced in the brain by the pituitary gland. High levels of radiation to the brain can damage the pituitary gland, resulting in an inability to produce the hormones FSH or LH. This in turn causes infertility and low testosterone levels.

### **Chemotherapy for Testicular Cancer and Infertility**

Not all chemotherapy drugs affect fertility in men. But some can. It may affect male fertility:

- By reducing the number of sperm produced
- By affecting the sperm's ability to fertilise an egg

If this happens it may be temporary or permanent and, if permanent, means that the individual will no longer be able to father children. Whether it is temporary or permanent depends on the drugs used, the doses administered and the age of the patient. Permanent infertility is more likely if higher doses of the drugs are administered.

It is important to use contraception throughout treatment. It is not advisable to father a child while receiving chemotherapy – the drugs could harm the baby.

Some chemotherapy drugs can affect the nerves in the genital area. This can temporarily make it difficult to get or maintain an erection. This usually gradually gets better once the treatment is finished. Usually one can still get an erection and have an orgasm as before. Chemotherapy drugs do not normally have any permanent effect on sexual performance or enjoyment of sex.

It is extremely difficult to predict which men will become infertile as a result of chemotherapy treatments. The effects are dependent on the type and number of chemotherapy drugs received, as well as the cumulative dose received.

**Joly, F., Ahmed-Lecheheb, D., Thiery-Vuillemin, A., Orillard, E. & Coquan, E. 2019.**

“Testicular cancers are the most frequent and the most curable cancers in young men. Treatments of these cancers represent a great success with cure rate over to 95 %. However, chemotherapy side effects may occur during or after several years post-treatment. This review aimed to highlight complications and physical and psychological side effects occurring mainly after chemotherapy treatment for testicular cancer, and to propose a personalized post-cancer plan specific for patients treated for testicular cancer. Treatments of these cancers can cause short-term complications (asthenia, nausea, vomiting, alopecia..). These side effects disappear within a few months after the end of the treatments. Late complications may occur several years post-treatment. Cardiovascular disease, metabolic syndrome and secondary neoplasia represent the most severe late effects among patients treated for testicular cancer. Given the increased incidence of these chemotherapy-induced side effects, it is indispensable to establish a specific follow up which must include a particular vigilance on the risk of occurrence of second cancer, a follow-up of the cardio-vascular risk factors, pulmonary and auditory follow-up, and early detection of psychosocial disorders.”



### Lowering the Risk of Testicular Cancer Coming Back

Many individuals ask whether there are specific lifestyle changes they can make to reduce their risk of testicular cancer coming back. Unfortunately, for most cancers there is little solid evidence to guide people. This does not mean that nothing will help – it is just that for the most part this is an area that has not been well studied. Not enough is known about testicular cancer to say for sure if there are things one can do that will be helpful.

Adopting healthy behaviours such as not smoking, avoiding alcohol, eating well, being active, and staying at a healthy weight may help, but no one knows for sure.

### Sperm Banking – Semen Cryopreservation

Sperm banking (semen cryopreservation) involves harvesting and then freezing sperm at very low temperatures around minus 196°C (a home freezer will not work!). Men may choose to bank sperm if there is a possibility of losing fertility. This is an important option for men who have not established a family or whose family is not yet complete.

[Picture Credit: Cryopreservation]



Ucar, M.A., Arikan, F., Coskun, H.S., Kondak, Y., Tatli, Al M. & Göksu, S.S. 2020.

#### Erratum in

Correction to: Fertility in testicular cancer patients: a single-centre study in Turkey.

Uçar MA, Arikan F, Coşkun HŞ, Kondak Y, Tatlı AM, Göksu SS. *Int J Clin Oncol*. 2020 Mar;25(3):501. doi: 10.1007/s10147-019-01572-1. PMID: 31797189

**Background:** Testicular cancer is a rare type of cancer in males. Since the disease is seen in young men and long-term survival is ensured following a high treatment success rate, fertility in testicular cancer patients is much more important. Prior to commencement of cancer treatment, patients are given counselling with regard to infertility and sexual function, and sperm banking is commonly carried out. The aim of this study was to assess the fertility status prior to and following treatment of monitored testicular cancer patients whose treatment had been completed.

**Methods:** 110 patients diagnosed with and treated for testicular cancer at the Medical Oncology Clinic at Akdeniz University during the years 2000-2016 were evaluated for the study. The patients' disease and treatment information was obtained from their records. The patients' characteristics and fertility statuses were determined by means of interviews with the patients.

**Results:** The median age of the patients was 36 (20-73) and 39.1% of them (n = 43) were aged between 30 and 39. The average length of follow-up was 6.20 ± 3.36 (2-17) years. It was determined that 42.7% of the patients had banked sperm following diagnosis and that 74.5% of them had received counselling. Following treatment, 33 patients (30%) fathered children. The average time taken to father children after treatment was 3 years.

**Conclusion:** In testicular cancer patients, fatherhood is achieved spontaneously or with the cryopreservation process. Counselling plays an important role at the time of diagnosis. It is essential that health professionals in oncology clinics give counselling about fertility in testicular cancer.

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### Reasons Why Men Should Consider Semen Cryopreservation

- Before undergoing cancer therapies – therapies such as surgery, chemotherapy and radiation can cause permanent sterility and infertility
- Before having prostate or testicular surgery – damage can be caused to a man's reproductive organs and/or nerve supply during testicular surgery and prostatectomy
- Before having a vasectomy – to preserve fertility and prevent the need for reversal surgery if personal circumstances change
- High risk occupations – men exposed to chemical, radiation, extreme heat, etc can lead to infertility
- When men are going to be absent – semen freezing enables the female partner to continue with her reproductive schedule even if the male partner cannot be there due to work commitments or unforeseen circumstances
- Professional sportsmen (especially cyclists) – strenuous and consistent impact can lead to infertility

In a recent study by **Quinn, et al.**, (2014) they found that out of a total of 231 records of adolescent and young adult men, in only 13% of cases was there any evidence of referral to a fertility specialist. They concluded that there is a need to create interventions to improve this.

**Levi-Setti, P.E., Negri, L., Baggiani, A., Morengi, E., Albani, E., Dioguardi, C.M.C., Specchia, C. & Patrizio, P.** 2020.

**OBJECTIVE:** To assess rates of successful testicular sperm retrieval and intracytoplasmic sperm injection (ICSI) outcome in cancer survivors affected by non-obstructive azoospermia (NOA) or retrograde ejaculation (RE)/failure of emission (FOE).

**METHODS:** A retrospective analysis of cancer survivors who did not cryopreserve sperm prior to treatment undergoing testicular sperm extraction (TESE). Non-cancer NOA patients and neurologic RE/FOE were the control group.

**RESULTS:** A total of 97 cancer survivors were offered TESE and 88 (91%) accepted. Sperm was retrieved and cryopreserved in 34/67 patients with NOA (50.7%) and in 21/21 patients affected by RE/FOE (100%). Sperm retrieval rates were similar in the control group (44.9% in NOA and 100% in RE/FOE). The ICSI cumulative pregnancy rate (60%) and live birth rate (40%) per couple in 30 NOA men did not differ from controls (50.0 and 46.5%, respectively;  $p = 0.399/0.670$ ). The cumulative pregnancy rate (66.7%) and live birth rate (55.6%) in 18 RE/FOE men did not differ from the control group (38.9 and 33.3%, respectively;  $p = 0.181/0.315$ ). The cancer type and the resulting infertility disorder (NOA or RE/FOE) were not associated with ICSI outcomes. Female partner age was inversely related to the cumulative live birth rate, being fourfold lower (11.5%) in women  $\geq 40$  years and 48.8% in younger women ( $p = 0.0037$ ).

**CONCLUSIONS:** The rate of successful TESE and the ICSI outcome in cancer survivors with NOA and RE/FOE is the same as non-cancer azoospermic patients. Female partner age (older than 40 years) was associated with a significant reduction in live birth rates after TESE-ICSI procedures.

### Can One Freeze One's Own Sperm?

Even though there are collection and storage kits that allows one to initially collect and Freeze one's own specimen at home, but this process is not intended for storage in the kitchen freezer. The necessary temperature for maintaining sperm viability is far colder than a home freezer maintains.

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Cryopreservation is the process of freezing biological material at extremely low temperatures - most commonly minus 196 °C.

### **Sperm Banking (Semen Cryopreservation) in South Africa**

In South Africa sperm banking (semen cryopreservation) can be arranged through:

#### Vitalab Centre for Assisted Conception

Tel 0861 882522

<http://www.vitalab.com/treatment-programs/sperm-freezing/>

#### Discovery Health

In a unique offering, we have been able to arrange an exclusive offer for members with Next Biosciences – Africa’s leading Biotech Company that combines medicine, science and technology to create innovative products and services, enabling you to invest in your future health. Members on selected schemes administered by Discovery Health can get up to 25% off Cryo-Y, Next Biosciences’ semen cryopreservation service.

<https://www.discovery.co.za/medical-aid/semen-cryopreservation>

#### Next Biosciences

Tel 011 697 2900/0861 NET CELLS (6382355)

#### NetCells Biosciences

Tel: 0861 NETCELLS

<https://www.netcells.co.za/reproductive-sperm.php?gclid=CluTr9e3zMECFVHMtAodNFkArQ>

#### Androcryos

Tell: 011 484 2695

<http://androcryos.co.za/lab/contact-us.html>



#### Cape Cryobank

Tell: 021 674 2088

<http://capecryobank.co.za/>

#### Your Parenting

<http://www.yourparenting.co.za/fertility/treatment-options/sperm-banking-for-life>

### **Medical Disclaimer**

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in this Fact Sheet.

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##### **Andrology Australia**

<https://www.andrologyaustralia.org/reproductive-problems/male-infertility/>

##### **Attain Fertility**

<http://attainfertility.com/article/testicular-cancer>

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##### **Cancer.Net**

<http://www.cancer.net/cancer-types/testicular-cancer/after-treatment>

##### **Cancer Research UK**

<http://www.cancerresearchuk.org/about-cancer/type/testicular-cancer/living/fertility-having-children-after-testicular-cancer>

<http://www.cancerresearchuk.org/about-cancer/cancers-in-general/treatment/chemotherapy/fertility/mens-fertility-and-chemotherapy>

##### **Comprehensive Cancer Centre, University of Michigan Health System**

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##### **Cryopreservation**

<http://www.innaifest.com.ec/en/fertility-preservation/semens-cryopreservation-and-storage>

##### **Cure Search for Children's Cancers**

<http://www.curesearch.org/Acute-Lymphoblastic-Leukemia-in-Children-Treatment-Information/>

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##### **Everyday Health**

<http://www.everydayhealth.com/testicular-cancer/fertility-after-treatment.aspx>

##### **Fertility**

<http://www.drugs.com/health-guide/vasectomy.html>

##### **Fertility Factor**

<http://www.fertilityfactor.com/testicular-cancer-infertility.html>

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### Harvard Medical School

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<http://www.medscape.com/viewarticle/757930?pa=wXXX6Uo13xPMaTPyKG3h4jz23%2FVZ4f6iumIbFiPjp6e8HrHf5I012kdMZ2jDfXr%2BSuV386OwXbd24Q0rw9JasQ%3D%3D>

### Oncolink

<http://www.oncolink.org/coping/article.cfm?c=534&id=992>

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<http://www.medpagetoday.com/HematologyOncology/OtherCancers/13001>

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### Science Daily

<http://www.sciencedaily.com/releases/2009/02/090223221338.htm>

### Sperm

<http://www.wisegeek.org/what-are-the-most-common-neem-side-effects.htm#didyouknowout>

### The Testicular Cancer Resource Center

<http://tcr.acor.org/fertility.html>

### The Turek Clinic

<http://theturekclinic.com/services/male-fertility-infertility-doctor-treatments-issues-zero-sperm-count-male-doctors/male-fertility-preservation-artificial-insemination-artificial-insemination-cost-0-after-cancer/>

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**Wang, A.W. & Hoyt, M.A.** 2020. Cancer-related masculinity threat in young adults with testicular cancer: the moderating role of benefit finding. *Anxiety Stress Coping.* 2020 Jan 12:1-9. doi: 10.1080/10615806.2020.1713447. [Epub ahead of print]

### WebMD

<http://www.webmd.com/men/news/20051104/fathering-child-after-testicular-cancer>

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**Wikipedia**

[https://www.google.co.za/?gws\\_rd=ssl#q=male+fertility](https://www.google.co.za/?gws_rd=ssl#q=male+fertility)

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