Development and Qualitative Evaluation of a Self-Management Workshop for Testicular Cancer Survivor–Initiated Follow-Up

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With progress in early detection and effective treatment of cancer, survivorship care is gaining importance. However, no clearly supported model of survivorship care exists (Doyle, 2008), and a range of options likely is required according to cancer type, age, gender, ethnicity, and healthcare system (Morgan, 2009; Oeffinger & McCabe, 2006). Patient-initiated follow-up models are suitable for some cancers and are being introduced and evaluated in the United Kingdom (Davies & Batehup, 2011).

Testicular cancer tends to affect men younger than age 55 (Cancer Research UK, 2010) and has a high survival rate: 95% of men diagnosed with testicular cancer survive for five years (American Cancer Society, 2012), with a 20-year survival rate estimated at about 84% (Brenner, 2002). Therefore, those men live a large portion of their lives as cancer survivors. Testicular cancer potentially is suitable for patient-initiated follow-up, owing to effective cure and the need for ongoing surveillance (Buchler et al., 2011; Edelman, Meyers, & Siegel, 1997). Patient-initiated services may be cost- and clinically effective and more acceptable to patients (Davies & Batehup, 2011). However, those services require knowledgeable, confident patients who self-monitor and initiate contact with healthcare providers (Davies & Batehup, 2011). Therefore, intervention is required to ensure patient needs are met and to help them best use the follow-up services.

To meet testicular cancer survivors’ needs, offering health-monitoring interventions is important. Monitoring is necessary because of increased risk for another cancer (Travis et al., 1997) and other health risks, such as cardiovascular disease (Huddart et al., 2003), metabolic syndrome (Dahl, Mykletun, & Fosså, 2005), hypertension, and weight gain (Sagstuen et al., 2005). Survivors need to be aware of those conditions and their signs.