Testicular cancer is the most common cancer in young men, generally affecting those aged 15–35 years. The greatest incidence is found in Europe and North America. For reasons that remain unclear, the incidence has been increasing since the 1960s (Chaudhary & Haldas, 2003; Dodd & Kelly, 2001). In 2005, about 8,010 men in the United States will be diagnosed with the disease, but only 390 are expected to die from cancer (Jemal et al., 2005).

Testicular cancer, a germ cell tumor, has been identified as one of the most curable malignancies. It has been described as a “model for a curable neoplasm” (Einhorn, 1981, p. 3275). Even in patients with metastatic disease, as many as 80% can be expected to achieve durable complete remission. Patients with testicular cancer are relatively young at diagnosis, and treatment is highly effective. Consequently, patients can expect to live many more years as cancer survivors; therefore, late effects of treatment become an increasingly important issue (Bokemeyer, Berger, Kuczyk, & Schmoll, 1996; Vaughn, Gignac, & Meadows, 2002).

Late effects of treatment are a new area of clinical focus and research for this population. Long-term toxicities of chemotherapy for testicular cancer survivors include secondary cancers, infertility, nephrotoxicity, neurotoxicity, pulmonary