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### Title

Re: Long-term Quality of Life of Testicular Cancer Survivors Differs According to Applied Adjuvant Treatment and Tumour Type

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### Authors

Matulewicz, Richard S

Singla, Nirmish

Pandit, Kshitij

et al.

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## Words of Wisdom

### Re: Long-term Quality of Life of Testicular Cancer Survivors Differs According to Applied Adjuvant Treatment and Tumour Type

Heinzelbecker J, Kaßmann K, Ernst S, et al

J Cancer Surviv. In press. <https://doi.org/10.1007/s11764-024-01580-9>

#### Experts' summary:

Testis cancer (TCa) remains the most common and curable form of cancer among young men. However, in the early 2000s it became apparent that cure often came at a price, predominantly among patients receiving radiation and/or chemotherapy, as adverse effects began to manifest in the form of secondary cancers, cardiovascular disease, and myriad other health issues [1,2]. One of the missing pieces in reaching an understanding of how treatment strategies affect health-related quality of life (HRQoL) is the dearth of studies using patient-reported outcomes (PROs). The recent study by Heinzelbecker et al [3] assessed HRQoL among nearly 200 cured patients at median follow-up of 26 yr. Using validated TCa-specific questionnaires, the authors found that survivors report persistent negative impacts on many health domains, including physical, psychosocial, and sexual functions. Importantly, the results also demonstrate the differential effects of various treatment modalities. Men treated with chemotherapy and/or radiation therapy had worse long-term impairment for many categories in comparison to patients who underwent retroperitoneal lymph node dissection (RPLND).

#### Experts' comments:

This study could not be more timely. The field has shifted towards strategies that mitigate the risk of treatment side effects via de-escalation and approaches that aim to avoid chemotherapy and radiotherapy. Surveillance is the preferred management strategy for most patients with clinical stage I TCa. Fortunately, novel biomarkers such as miRNA-371 [4] and a better understanding of risk factors for relapse are likely to improve our selection of patients

for surveillance. Similarly, studies have demonstrated the safety and effectiveness of primary RPLND in early-stage metastatic seminoma [5], and RPLND is now a guideline-recommended approach that safely avoids chemotherapy in up to 80% of patients with low-volume retroperitoneal-only metastatic disease. Accordingly, the current optimal care for managing patients with TCa must incorporate the avoidance of both undertreatment and overtreatment, reserving toxic therapies for patients who absolutely need them.

The de-implementation of chemotherapy and radiation in the management of TCa will pose new challenges. We will need to better understand when patients should be referred to high-volume centers for their care. While minimally invasive RPLND may technically democratize the operation, this surgery should only be performed in institutions with volume and experience. As robotic surgery expands to RPLND, surgical principles and optimal long-term outcomes must be maintained. Lastly, we need to continue to optimize patient selection and only expose patients to therapies that they actually need in order to avoid overtreatment and undertreatment alike.

**Conflicts of interest:** The authors have nothing to disclose.

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Richard S. Matulewicz<sup>a</sup>  
Nirmish Singla<sup>b</sup>  
Kshitij Pandit<sup>c</sup>  
Frederick Millard<sup>c</sup>  
Aditya Bagrodia<sup>c,\*</sup>

<sup>a</sup> *Memorial Sloan Kettering Cancer Center, New York, NY, USA*

<sup>b</sup> *John Hopkins Medical Center, Baltimore, MD, USA*

<sup>c</sup> *University of California-San Diego, La Jolla, CA, USA*

\* Corresponding author. University of California-San Diego, La Jolla, CA, USA.

E-mail address: [bagrodia@health.uscd.edu](mailto:bagrodia@health.uscd.edu) (A. Bagrodia).

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George Thalmann

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