

The impact and responses of men who have experienced testicular cancer

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Abstract

A qualitative descriptive study was undertaken with 32 men diagnosed with testicular cancer to determine their experiences of the illness and their support needs. Men were at one of the following four stages of their illness – early treatment, completion of treatment, 12 months following diagnosis or 2 years after diagnosis when they were disease-free.

Results revealed an emotionally, socially and physically intense series of phases that men experienced as they coped with the discovery, knowledge, treatment and recovery from testicular cancer. The impact of testicular cancer on the men and their responses were best described using the metaphor of an earthquake. Six phases were described – sensing the onset, recognising the epicentre, treatment decisions and emergency responses, registering the aftershocks, assessing the damage, and discovering health. Men also described stabilising forces that helped them cope, namely health professionals and personal supports. Recommendations for clinical practice are offered based on these findings.

Introduction

Testicular cancer is the most frequent cancer in men aged 18-39 years, rising significantly in late adolescence and, unlike most cancers, peaking in the age group 30-34 years¹. During the last 20 years, the age standardised incidence of testicular cancer rose by 34%².

Although testicular cancer has a high cure rate, with approximately 95% of patients obtaining long-term survival, psychological and physical morbidity associated with treatment is well-recognised^{3,5}. This is specifically relevant as this cancer can occur in the formative years of late adolescence and young adulthood⁶. Treatment includes a combination of orchidectomy (removal of affected testes), radiotherapy and chemotherapy, depending on the stage and type of tumour.

Aspects associated with information and support needs during treatment have been explored retrospectively, but not during the active treatment phase. A retrospective Swedish study of the experiences of 39 relapse-free testicular cancer patients 1-6 years after completion of chemotherapy showed that the initial experience in the clinic could affect their adaptation and their overall treatment experience⁷.

A total of 90% of the men indicated that their major source of support was family and friends. There were mixed responses to the preferred levels of information; while some men stated that they wanted more information on the disease and treatment, others felt they had received too much information when trying to cope with the diagnosis of cancer⁷. Most men indicated that they would have benefited from some form of debriefing session 6-12 months after completion of the chemotherapy. This finding is consistent with other studies that report that men with testicular cancer perceived a significant decrease in emotional support from the healthcare team after completion of treatment compared with emotional support received during treatment^{6,8-10}.

Studies related to testicular cancer are few, and have primarily focused on the long-term sexual problems associated with both the disease and required treatments. Several studies have identified long-term problems with sexual function for the testicular cancer survivor^{5, 6, 11} and difficulties maintaining relationships¹². In addition, these studies report that testicular cancer survivors experience sexual and self-perception problems^{5,12}. No previous research had described

the experiences of men coping with testicular cancer at various stages of the illness trajectory, their ways of coping and their needs for support. This study was undertaken to address this gap in knowledge.

The project aims were to:

- Describe the experiences of men who have testicular cancer at various stages of the illness trajectory (i.e. diagnosis, treatment and follow up).
- Identify support needs of men who have testicular cancer.
- Identify strategies men consider beneficial in helping them cope with the experience.

Research methods

A qualitative descriptive study was undertaken using open-ended semi-structured interviews with men who had been diagnosed with testicular cancer to determine their support needs during the initial treatment and recovery phase for testicular cancer. All participants were aged 16 years or over. A total sample of 32 men was interviewed.

Because treatment protocols for testicular cancer vary according to stage, efforts were undertaken to recruit men at various stages of the treatment and illness trajectory using a quota sampling method. Four time periods were chosen as the sampling framework to allow for variation in treatment modalities, and were selected based on evidence from studies of other cancer populations that support needs may differ at various treatment stages. The four time periods were:

- **Early treatment:** after completion of radiotherapy/surgery, approximately 6 weeks following diagnosis. For men who went on to receive chemotherapy, recruitment occurred after the first cycles of chemotherapy (3-6 cycles are normally given).
- **Treatment completion:** at the completion of active cancer treatment, approximately 3-5 months following diagnosis.
- **Transition:** Twelve months after diagnosis. Follow up visits decrease to every 3 months.
- **Survivors:** Two years from diagnosis and disease-free, when the men are considered to have an increased chance of long-term survival.

Men had to be 16 years of age or older, able to provide written consent and able to understand, read and speak English. Men were not approached if they had only recently learned their diagnosis (see definition of early treatment).

Accessing participants

Participants were accessed in two ways – through the oncology departments at two major tertiary teaching hospitals (one in New South Wales and one in Western Australia) and through the media. Permission was obtained from the Hospital Research Access Committees and the Edith Cowan University and

University of Western Sydney Ethics Committees prior to recruitment. A media release was made regarding the study and interviews were given on local radio stations. In addition, an advertisement placed in a number of local newspapers invited participation in the study. This recruitment method allowed the researchers to access men who had completed treatment and were considered survivors of testicular cancer. Men were asked to contact the chief investigator in each State directly if they would like more information and/or would like to be interviewed. A mutually agreeable time was arranged to interview those who were interested. This second method improved recruitment rates and allowed the research team to recruit participants treated at other clinics or hospitals.

Most recent Western Australian cancer statistics report that 35 men (15-39 years of age) were diagnosed with testicular cancer in 2002¹³. The New South Wales Cancer Council reported that 201 men in this same aged category were diagnosed with testicular cancer in that State in 2000¹⁴. This is the second most common cancer (17% of cases, ASR of 9.6/100,000 males in this age range). Therefore, it was deemed feasible to recruit 32 men within the 12 month study timeframe; 20 men were recruited from WA and 12 from NSW. The distribution of men according to the various time periods since diagnosis as specified above was eight in early treatment phase, six having completed treatment, six in transition phase, and 12 survivors.

Data collection

An open-ended, semi-structured interview was used to explore the experiences of the men at each time period. The men were asked to focus on the impact that testicular cancer had on them. During the interview, participants were asked to describe the support that they needed during this illness episode and to describe strategies that helped or might have helped. Either a male or female research nurse, depending upon the participant's preference, conducted interviews; 20 men preferred a male interviewer and 12 preferred a female interviewer. Interviews were audiotaped and took approximately 60 minutes. Demographic information was obtained following the interview.

Data analysis

The audio taped interviews were transcribed and entered into the Nu*Dist software (V4) program, which assisted with managing the data for content analysis, categorising and sorting of text. The WA data was analysed by investigators LK, CN and LO. Investigators LW, KW and LM analysed the NSW data. The texts were analysed for themes by the researchers using the process of constant comparative analysis¹⁵. The resulting preliminary analyses were then compared and discussed to determine the consistency of findings from the two sub-samples. Findings from the two sub-groups were extremely consistent and it was deemed appropriate to combine the data for the final analysis.

As the open coding process developed, the researchers noted that a number of respondents used phrases or words suggesting that the experience of testicular cancer had "shaken" them, had altered their foundation and had required them to re-adjust their lives and their world views, and that these changes and experiences had reverberated through all aspects of their lives. In reviewing these descriptions and phrases, the researchers noted that the words were not unlike the ways in which people describe the impact of an earthquake.

A review of literature related to earthquakes suggested that this indeed provided a helpful metaphor that captured the words and descriptions that the men provided. The impact of diagnosis and treatment was so significant and substantial that their lives reverberated in response. A re-examination of the transcripts to test this metaphor as appropriate across the range of interviews indicated that the metaphor was appropriate. In addition, member checks with six of the men who participated confirmed that the metaphor had meaning for them and was therefore used to report the findings.

Trustworthiness of the categories and themes identified demonstrated redundancy and were supported by numerous exemplars. Pseudonyms are used in the reporting of exemplars cited in the findings. Issues of trustworthiness of the data analysis process were addressed in a number of ways. An audit trail was constructed by recording the process of data analysis, discussions at data analysis meetings and confirmation with the research team that the analysis was consistent with individual readings of the data. Peer debriefing was employed during the data collection and analysis phases to ensure that the interviewees were able to discuss their reflections and observations and that the research team could make their observations and emerging analysis transparent and open to scrutiny. The researchers read and re-read transcripts and each others' coding to confirm that interpretations were consistent and could be verified by the other researchers.

Findings

The impact of this diagnosis and subsequent treatment are represented graphically in Figure 1. Six phases were defined and described with accompanying exemplars below. These phases were sensing the onset, recognising the epicentre, treatment decisions and emergency responses, registering the aftershocks, assessing the damage, and discovering health.

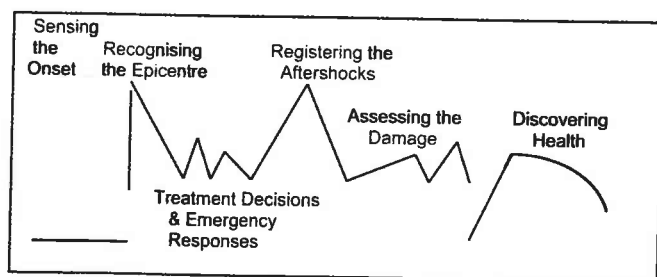


Figure 1: Six phases of the impact of Testicular Cancer.

Sensing the onset

This theme was defined as the man's awareness of symptoms that prompted the initial medical investigation. Sometimes men delayed seeking medical attention if they were unaware that something was wrong, or did not consider the symptoms serious enough to seek medical help. As one man stated:

So I put it off and then I started to get a bit of pain there while I was walking, couldn't sit down for too long and then I thought this isn't right so after a few weeks I thought – I should have this checked [Brian].

Relatives sometimes prompted the men to act on symptoms. Men also reported being prompted by information in the media, or a chance stimulus (e.g. job transfer requiring a medical appointment) to seek help:

And it took me the best part of 3 weeks to tell me mum and then she said go around and see the doctor [John].

I actually told some close friends about it. And they said, look, you really should see a doctor. And, umm, that was enough to warrant me making the move [Michael].

... then one day I was driving along the road and heard a program on the ABC and this guy said if ever you feel you have a hard lump somewhere, be suspicious [Peter].

Men also indicate that unclear symptoms were sometimes experienced as a feeling that something is not quite right. However, some young men who did acknowledge these feelings dismissed their concerns because they believed that young people did not get cancer, or they felt too well to imagine being ill with something like cancer. One man described a dream that he believed foreshadowed and represented this cancer diagnosis:

I had a dream about having something wrong down there and then 2 weeks after I had the dream I found the tumour... It was a precursor to what this disease was doing – all I have to say is that I had this dream and did a self examination and found this lump on my testicle [Scott].

Recognising the epicentre

This phase of the illness experience was defined as the clinical interactions that confirmed the disease and redefined the meaning of the symptoms. In a number of instances, men reported that their symptoms were diagnosed incorrectly, resulting in a progression of symptoms and a delay in initiation of treatment:

His initial diagnosis was that I had a torsion, so he sent me to another specialist and then he said, no, it wasn't a torsion and then basically they thought I had chlamydia. Then he said, no it wasn't chlamydia and after checking my prostate said I had an abscess on my prostate. No one was thinking testicular cancer [Jim].

Men also described a sense of bewilderment and feeling of being shocked by the unexpected news of the diagnosis.

... being in the specialist's office... [being told]... that was the biggest shock I ever had. It was just like a steam train had run you over and you were still alive [Liam].

I was in total shock and just went with, just trusted this doctor [Scott].

Men who recounted this phase of the illness experience talked of being alone and referred to an absence of friends or family during the time leading up to the diagnosis and the diagnostic period itself.

I was put in a room on me own at the end of the ward. I didn't have a clue why they put me in a room on me own. That started to worry me... something seemed wrong... I didn't know what was going on [Scott].

Another man recalled:

About a quarter to eight in the morning he rang me at work and said to me, the news is not good. And I said what is it. And he said I don't want to discuss it with you on the phone. He said, can you come down to the surgery straight away... I was by myself because, as I said, I was a single man. My parents were both at work and it all happened so quickly. I didn't think to call a family member to say hey, look, I've got to go to see a doctor, can you come with me? So I went and he told me what it was and he started making arrangements... I was floored [Peter].

Men also described the length of time spent waiting and wondering between investigations and confirmation of disease as extremely stressful. Some men also referred to the strain of waiting for surgery to relieve symptom distress.

At that time it was so quick. I am sort of an accepting person – go with the flow of most things – the doctor said, well we've removed the testicle, we've put it away for a biopsy test and we'll get the results in a week – but we had to remove the whole testicle to do that. I said, 'yeah that's ok'. But the waiting was a nightmare [Jim].

He said it is not good or words to that effect. And then he didn't say anything or wouldn't say anything until we had the results and then I was really worried [Michael].

Treatment decision and emergency responses

This stage referred to an intense period involving choices about how to manage the disease and treatment outcomes. The speed and extreme nature of the decisions to be made in this time period were overwhelming. The time between diagnosis and treatment commencement were experienced as very fast. In addition, the extreme outcomes associated with these decisions were a source of anxiety.

He had a feel down there and the next thing you know they were waiting for a nurse to come and get me into a ward. I still had no idea... they took the testicle out straight away, 2 days after I went to hospital [Paul].

He said, I should send you for an ultrasound. So I went for the ultrasound that afternoon and the next morning I was in surgery... I was floored. But it all happened so quickly that it wasn't until after surgery that it all sort of hit me... umm it wasn't like it was a couple of days before surgery to just sit down and think about it you know. I had no idea whether it was going to kill me or what [Tom].

It just happened so fast and I was sort of like whoosh. How do I tell my wife? What about the kids? The first person I saw after the GP was my father and sister, I think they were at work and I'd left work to go see the GP and when I got back and I just – when I saw them I broke down [Joe].

Registering the aftershocks

This phase was defined as the behaviours, feelings and perceptions of men in response to the diagnosis, treatment and consequences of the disease and treatment. The men described their responses in four ways – passive and trusting, fear, anger, and sorrow and depression.

Passive and trusting

In some instances, men reacted by becoming passive and trusting. They accepted all medical decisions without questions and trusted health care professionals to provide necessary information and direction:

...it was so quick that I accepted most things and I am a sort of an accepting sort of person and I just go with the flow with most things... (doctor) came in and said well we've removed that and we're done, we've put it away for a biopsy test and we'll get the results back in a week and but we had to remove the whole testicle to do that and I said yeah that's OK. I accepted that [John].

I had no reason to disbelieve him. You know, he's the doctor [Fred].

Fear

Other men recounted numerous fears. They described a fear of the unknown, a fear of the future and a fear of dying.

I thought probably I'll be the one in 500 that chemo didn't work for and the cancer spreads and I know I left it too late, several months, but that was my biggest fear... I'm going to die – 42 and my life is over [Jim].

...you also got this fear of not knowing what to expect and so that's a reaction you have [Kevin].

I fear dying because my treatment isn't clearing the cancer... It is just the whole fear with cancer and dying. That's all it is [Michael].

The information men received about long-term fertility issues confronted them in a sudden and serious way.

He said to me – do you want to donate sperm because he knew I just got married because you may not be able to have children again. Not again. Ever [Michael].

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The first day we went in we were told all the side effects, hair falling out, perhaps a bit of hearing loss and, umm, what's infertility, when you can't have children or you can't have sex at all [Peter].

Men reported embarrassment about a loss of maleness and fears about how to hold onto their self-esteem:

Well I suppose at 19 you think fair enough if you can't have children but if you can't have sex you're not a man are you [Paul].

My making love just disappeared for a year because it was too painful and protected and that was a trip you know... that's been a huge part of my identity... my sexual life [Michael].

It was very emasculating... It's part of your male image. Its part of your self image [Kevin].

... you put on a pair of Speedos and for that fleeting second you think oh, I really look small down there. It's that macho thing again [Patrick].

Men also described economic fears and concerns about their abilities to work and feelings of insecurity about possible job loss:

I need financial support because I'm not working at all. I can't receive any sort of disability allowance... [John].

... taking a 7 year lease is something you can't walk away from... the business was going alright at the time, but it was always the uncertainty of what would happen [Michael].

If I don't go to work tomorrow, what's my pay going to be like next week... and that drains you... just thinking about it, just stressing about it [Jim].

Anger

A number of men described feelings of anger in response to the illness and directed their anger at their current situations:

It was a frustration that this was exploratory surgery, that was what I was told before I went in and I lost my testicle and I don't know how I could have reacted but be angry [Peter].

You know anger, denial and all that crap that goes along with it. I was in the anger stage. Very, very hostile. Very, very angry [Jeremy].

Sorrow

Some men described intense feelings of sorrow and, in some instances, referred to themselves as depressed. They spoke of sadness, an inability to stop crying, persistent negative thoughts and a need for antidepressants:

That's what I was asking the most is, why fucking me? I was going and I couldn't stop myself from crying. I would cry. I was sad and down [Scott].

I told him (doctor) half way through the treatment I was feeling very, very depressed... I did get anti-depressant tablets [Kevin].

Assessing the damage

This stage referred to behaviours and attitudes of the men in response to the disease and the treatment that they used to manage the illness. They described reaching out, information seeking, using health anchors and planning a way forward.

Reaching out

Reaching out behaviours included contacting family and friends, sorting out who to tell, from whom to seek advice, and how much they felt able to share the new reality with other people close to them. Reaching out behaviours ranged from almost none to others who sought a great deal of support and were quite open about their illness:

It is especially better for me to talk to the guys if you can understand. The mateship is I think... better than any cancer support. They were just great [Jim].

And I found that the more I talked to people about it, was almost like a bit of a relief for me [Peter].

Some men chose to isolate themselves and reached out very little for help:

But after I had me chemo and went back to work, I withdrew. Didn't want to go and mix with anyone. All I wanted to do is do me work, go home, watch TV or grab a couple of videos and that's also after I had lost my left testicle [Phillip].

... it was hard for me to deal with... whatever my upbringing, I always had a strong image of I'm on my own I can do it. I am a survivor and I don't need any help, like that... trying to struggle. You know I was trying to struggle in a lonely world... especially for a man it is hard to ask for help [Cameron].

Information seeking

Information seeking involved decisions about how to obtain information, how to share the information and how specific it needed to be:

Because I did go and do some research myself at the university library on the illness, I became a lot more aware, then I would ask the doctor – look what does this mean and you know [Jim].

Obviously I mean I asked the GP all the questions I could think of. I actually said to her no matter what happens, no matter what it is, the only thing I want to know is the truth [Fred].

...if I hadn't asked the question of the radiologists in my initial interview, I wouldn't have been told about it. And that's what saved the night. I said to him, will I be infertile and that's when they closed the door and decided to have a little heart to heart with me [Michael].

Using health anchors

Many men used health anchors such as hobbies and projects, and exercise and physical activities to help them manage their illness and feel healthy:

I was just trying to find something to do, I bought a couple of old cars that I could muck around with and keep busy [Peter].

My coping techniques were reading quite a lot. I like to read a lot of books. I like fantasy, science fiction and horror [Jeremy].

Planning a way forward

Men also described the value of planning a way forward. This involved staying in control by focusing on goals and future plans:

Because one of the goals when I was in chemo was to go overseas and travel. I was very close to going overseas when I got my cancer. So that's one of my goals [Tom].

...there's this longer-term view... Like it is Day 7 you know, when it gets to Day 24 its better and when it's Day 28 it's even better you know. So you have this plan of milestones. If you can say now I feel horrible, but if I can just get through another 4 days – a person can endure that [Sam].

Discovering health

This sixth phase was defined as the state of health and awareness that men returned to following the completion of their treatment. This phase was identified by 'normalcy' or as living life as it was before the illness.

Men talked about their improved relationships with partners and their use of precautionary health measures (e.g. testicular self-examination (TSE)). They also talked about carrying with them a background fear or tremor that the disease could re-occur. This background fear influenced their attention to current life choices and helped them to value aspects of their life that they might otherwise take for granted.

Yeah – I do make sure to do a self examination, you know, make sure, just a precaution [Fred].

This is one of the happiest times of our life. It almost suggests that we were not happy before and that's not true. We were. But we have never been quite as close as we have been during this 3 months [Scott].

Stabilising forces

This theme referred to the sources of support and stability that men identified as helpful and which were used at various phases of their experiences. These stabilising forces were described as coming from two main sources – health professional support and personal support.

Health professional support

Health professional support was described in the following ways – information giving, communication tone and confidence in health professional competence.

Men consistently reported that receiving honest, straightforward information was helpful. Health professionals were viewed as a diagnostic resource, information source and reference point to

clarify information throughout the illness:

"I guess they answered my questions in an honest way and that's the most you could ask for really from them. Just to be totally honest [Jeremy].

Being explained what could happen afterwards like there's a possibility you can't have children, what is going to happen, you have got a very good success rate with this type of cancer. To be told things like that helped, helped me [David].

Then he explained the role of chemotherapy... and I think then it is very important to have somebody else with you because my wife was with me because after he'd gone and he was very thorough, very explicit, um, but you are taking in so much... you need somebody else to remember some of it [Sam].

The communication tone used by health professionals was extremely important and included sensitive use of language, a positive helpful approach, a respectful manner, and the use of humour to normalise the illness:

The (doctor) said to me you're not out of the woods yet so don't be too confident. And that just knocked me for a six. I remember walking out of the hospital crying [Sam].

The two radiologists who used to take me into the room and set the table up every day, they used to open a lead box which they try to protect the penis from the radiation and they used to make me laugh and say oh we had a fellow here the other week and we could not fit it in the box. Sort of telling me they have no trouble with mine you know... things like that. Humour you know.

Men talked about their need for confidence in the competence of health professionals. This positive perception helped give men a sense of hope and optimism:

He kept saying it was a 95% success rate and he was very confident himself. And I have no reason to disbelieve him [Jim].

I could believe the nurses and they said, you've got testicular cancer and it will be OK. They gave me a whole lot of hope [Scott].

Personal support

Stabilising forces within men's personal lives helped them re-establish their place in their social world. Family and friends were important as they helped maintain social links and 'normal' conversation. The men described the importance of unconditional loving. They referred to feeling an ongoing acceptance from family and friends. These support networks were available for company, friendship and diversion, and were highly regarded by the men as a way to help them cope:

I put my mother under a lot of strain, although she never really showed that she was struggling. But she coped very well and was always there for me, always listened to me and she never judged me, always listened to what was bothering me or what was getting me down [Peter].

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A second way in which men found personal stability and a more balanced approach to coping was by adopting a 'taking the public perspective' attitude. Men described becoming more aware of the 'big picture' and saw themselves as a source of information about the disease. They argued for greater public awareness about the disease and the need for education about TSE. This approach appeared to help them move beyond their own experiences and re-claim a place for themselves in the social community.

Discussion

Results from this study revealed an emotionally, socially and physically intense series of phases that men experienced as they coped with the discovery, knowledge, treatment and recovery from testicular cancer. The impact of testicular cancer on the men interviewed and their responses to this health threat were best described using the metaphor of an earthquake. The impact of the diagnosis and treatment were extremely significant and it appeared that their lives 'shook' in response.

Six major phases were described as men coped with the illness: sensing the onset, recognising the epicentre, treatment decisions and emergency responses, registering the aftershocks, assessing the damage, and discovering health. In addition, men described stabilising forces or sources of support and stability that helped them cope with the assault of testicular cancer. These stabilising forces were characterised as coming from two sources – health professionals and personal contacts.

Some literature has documented the effects of a cancer illness on the sexuality of individuals because of side effects of surgery, radiotherapy and chemotherapy¹⁶⁻¹⁸ and a few studies have documented that testicular cancer survivors experience difficulties with self image and sexuality^{5, 7, 12}. However, other studies have not reported in detail the psychological processes and changes that men encounter in response to the disease and treatment changes nor the strategies they used and found helpful in coping. The candid and poignant accounts of men who participated in this study are particularly enlightening and may help sensitise health professionals to the deeply personal issues with which these men struggle.

These findings also revealed the importance of early health care intervention and the need for young men to be knowledgeable about TSE and the risks of testicular cancer. Previous studies have documented some of the barriers to early detection of testicular cancer. Barton¹⁹ reported that men are more likely to surrender the responsibility of their health to women and undertake fewer health protective actions.

A study by Brodsky³ suggested that men often deny the seriousness of the disease; this may be compounded by male doctors' own discomfort and identification with the patient which may delay

treatment. Carey²⁰ also reported that health workers often fail to identify testicular cancer or discuss TSE because of potential embarrassment and lack of available educational data regarding the health issue. Therefore, attention to the medical education needs of doctors related to detection of TSE is also warranted.

Access to health protective information for men may also be a problem because the health care system, for the most part, relies on individuals to seek medical advice rather than taking health protective strategies to the public. However, Baker²¹ suggests that men's health clinics should be located in places men frequent such as pubs or sporting events, which might encourage men to seek health care advice. He further recommends that, when organising health promotion programmes for men, consideration be given to the best venue to ensure a safe environment for men; give event and service extensive publicity and have evening openings with no appointments to encourage men to drop in at time that suits them.

Once diagnosed with testicular cancer, men may be reluctant to reach out for support and may not be sure of how to access assistance. Moynihan and colleagues²², in a study of 111 men, concluded that men with testicular cancer often do not show emotion or seek psychological counselling for fear they lose their sense of masculinity. On the other hand, they found that the men in their study had considerable coping abilities. They reported that men routinely offered adjuvant psychological therapy did not demonstrate decreased anxiety or depression 12 months post treatment compared with men not offered this type of support.

Men receiving treatment for testicular cancer have reported difficulties with feelings of dependency on their treatment. For example, studies have reported that some men feel that they are 'on a leash' during chemotherapy^{2, 7}. Financial concerns of men receiving treatment have also been documented by Moynihan *et al.*²² who reported that men in their study expressed a need to be in control financially, emphasising their need to be able to provide for their family.

Recommendations

Results from this study lead to three specific recommendations for clinical practice:

- Men diagnosed with testicular cancer may be quite unprepared for the diagnosis. Therefore, as do all patients diagnosed with cancer, they require clear, specific, straightforward information provided at a pace that they are able to absorb. Having a support person present with the man when this information is provided is regarded as particularly helpful. To assume that a young man can easily integrate this information without a support person available appears to be inaccurate.

- Given the sensitive nature of the diagnosis and the potential implications of the disease and treatment, men require ongoing support and opportunities to discuss concerns regarding survival, practical concerns (e.g. economic), and social and emotional worries. Men in this age cohort may be reluctant to reach out for social and emotional support about such a sensitive topic. Therefore, reinforcement of the importance of a social support network may be helpful to encourage men to reach out for ongoing assistance and help them re-orient themselves in their social communities.
- The tone and manner of communication used by health professionals is particularly important when conveying information to individuals coping with testicular cancer, given the significance of messages related to sexuality, survival and fertility. A compassionate, caring and honest approach is favoured that demonstrates respect and concern for the individual needs of the man facing this illness challenge.

Summary

In summary, an earthquake is defined as an intense vibration resulting from the passage of seismic or elastic waves through the earth. This vibration may be manifest by violent shaking at the surface, though many minor earthquakes can be detected only with sensitive scientific instruments²³. This metaphor offers a way of understanding the impact of testicular cancer on the lives of men. It reminds health professionals to be alert to both the obvious and more in-depth responses to this type of life trauma so that men receive expert and attentive supportive care. The extent to which this metaphor and the themes identified may also fit the experiences of other cancer patients remains to be tested. It could be that this description is also appropriate to other types of cancer and may offer a helpful framework.

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