

Review article

# Romantic and Sexual Relationships, Body Image, and Fertility in Adolescent and Young Adult Testicular Cancer Survivors: A Review of the Literature

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## Abstract

This review presents a summary of existing knowledge regarding the effect of testicular cancer along four broad domains, including romantic and sexual relationships, body image, and fertility. A total of 37 studies were reviewed. Of note, most research consists of older adult testicular cancer survivors, with very little research attention afforded to adolescent and young adult survivorship. Relationship status (i.e., partnered versus unpartnered) appears to play an important role as it relates to adjustment outcomes in testicular cancer survivors. In addition, sexual function (and thereby fertility) and body image are also frequently compromised. Implications regarding a lack of developmentally focused research on adolescent and young adult testicular cancer survivorship are discussed, along with recommendations for new research. © 2010 Society for Adolescent Health and Medicine. All rights reserved.

## Keywords:

Testicular cancer; Survivors; Adolescent and young adult; Relationships; Body image; Fertility

Testicular cancer is the most common solid-tumor cancer in adolescent and young adult (AYA) males aged 15–29 years. It accounts for 21.4% of cancers in this age group, which contrasts sharply with the prevalence of testicular cancer among 1–14-year-olds (2%) and 30–45-year-olds (7%) [1]. Despite its peak prevalence in the AYA years, testicular cancer is one of the most curable forms of cancer. Five-year survival rates range from 71% to 99%, depending on the extent of disease metastasis, with a mean overall 5-year survival rate of 95% [2]. Such high survival rates indicate that young men live a significant portion of their lives as testicular cancer survivors and, thus, remain at risk for a host of challenges associated with their testicular cancer history.

Relatively little research attention has been paid to AYA diagnosed with cancer of any kind. In fact, children (aged <15 years) with cancer have represented the focal point of most treatment and research, with dramatic advances made in these areas over the past several decades. This is despite

the fact that cancer is 2.7 times more likely to develop in individuals aged 15–29 years than in individuals younger than 15 years, and the incidence of cancer has increased more rapidly among AYA than among younger children [3]. Generally speaking, the relative improvement in survival rates among AYA has also failed to keep up with that achieved among childhood cancer patients, with recent trends suggesting a worse prognosis for AYA diagnosed with cancer today than 25 years ago [4].

Perhaps in no other form of cancer are the psychosocial challenges as clear as in testicular cancer, which occurs most commonly in the AYA years. Testicular cancer involves a male organ that is highly associated with perceptions of masculinity, attractiveness, sexual function, fertility, and romantic relationships—all critical aspects of AYA development [5–7]. The purpose of this article was to review the existing literature on the effect of testicular cancer on romantic and sexual relationships, body image, and fertility in adolescence and young adulthood. These topical areas were chosen because of their salience to the developmental period of adolescence and young adulthood [5,8,9]. Given the potential for testicular cancer to disrupt such important aspects of development along the AYA

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continuum, this particular form of cancer may represent a useful paradigm for developmental approaches to survivorship in other common AYA cancers.

## Methods

PubMed, MEDLINE, and PsycINFO databases were used to identify published studies that met inclusion criteria for our literature review. The abstraction process was as follows: Articles containing the words “testicular cancer survivors” or “testis cancer survivors,” combined with phrases reflecting the population and constructs of interest (i.e., adolescents, teens, teenagers, young adults, relationships, sexuality, sexual function, body image, masculinity, attractiveness, or fertility) in the title, abstract, or keywords were requested. To ensure thoroughness, we repeated our searches using medical subject headings (MeSH) and also examined citations from previously located studies. Articles meeting the following criteria were selected for review: (1) published in English between 1980 and 2009, (2) study participants were in complete remission, and (3) an analysis of either qualitative or quantitative data regarding the effect of testicular cancer on romantic and sexual relationships, body image, or fertility. Previous literature reviews addressing similar topics in testicular cancer survivors were excluded after review of citations for original research publications. A total of 37 published studies met inclusion criteria and are summarized in Table 1.

## Results

### *Romantic relationships*

Only three studies [10–12] specifically assessed the topic of romantic relationships in testicular cancer survivors, albeit with largely older survivors (mean age, 32–35 years). No studies examined issues of romantic relationships among younger AYA testicular cancer survivors. Despite the lack of focused research on younger testicular cancer survivors, key themes are evident. Testicular cancer survivors who were in committed romantic relationships at the time of diagnosis describe improved physical and emotional adjustment to the cancer experience, often with increased closeness to their partner [10,12]. Similarly, men in a relationship throughout the diagnosis and treatment experience greater levels of social support, self-esteem, and overall mental health as compared with those who were unpartnered at the time of diagnosis [13].

Aside from the positive effects of being involved in a relationship at the time of testicular cancer, there is also evidence suggesting that, for a subgroup of survivors, testicular cancer exacerbates pre-existing relationship conflicts or creates new conflicts, at times leading to relationship dissolution [11,12,14]. For this subgroup of survivors experiencing relationship dissolution, cancer diagnosis and treatment lead to a greater appreciation of life in which pre-existing

relationship conflicts no longer have a place, thus leading survivors to end such conflict-plagued relationships. The cancer experience may also cause new conflicts which ultimately lead to relationship dissolution. For instance, 51.5% of survivors and 55.9% of survivors' spouses indicate special issues (e.g., financial concerns, fear of talking about cancer, possibility of recurrence, implications for the future) emerged after testicular cancer diagnosis and treatment. These were issues they felt could not be discussed with their spouse [15], suggesting that relationship problems centered on understanding and expressing emotional feelings with spouses also contribute to relationship dissolution among testicular cancer survivors [16].

Testicular cancer survivors unpartnered at the time of diagnosis express worry regarding how one's testicular cancer history may affect future interpersonal relations [10,12]. Unpartnered survivors report higher levels of cancer-related stress symptoms than do partnered survivors, suggesting that single survivors have fewer coping resources [17]. Being single at diagnosis appears to form a vulnerability that remains even when survivors develop a relationship after treatment completion. For instance, some survivors have noted that being a former testicular cancer patient caused difficulty throughout their marriage [18,19]. In addition, unpartnered testicular cancer survivors report worse satisfaction with erection and orgasm and lower overall sexual satisfaction as compared with partnered survivors, despite higher levels of sexual desire [19,20].

### *Sexual relationships*

Relatively little data are available regarding the sexual relationships of general populations of young males, and particularly so among testicular cancer survivors. With this caveat in mind, an early study using qualitative interviews with 11 testicular cancer survivors in their early to mid-30s found that 18% of survivors were angered and/or saddened regarding changes in orgasm and the lack of normal ejaculation [10]. Results of a subsequent study [11] found that survivors were hopeful that the ejaculatory process would eventually return, but accepted sexual dysfunction as a necessary consequence of testicular cancer treatment. In contrast to the work of Brodsky [10,11], other research found few problems with impotence, loss of desire, sexual dissatisfaction, sexual frequency, and sexual communication [12]. Specifically, survivors reported that overall sexual interest, activity, enjoyment, and sexual function changed very little and, for many, not at all.

Among older survivors, studies of sexual function pre- and post-treatment found a moderate degree of survivor-reported sexual problems because of sexual satisfaction, sexual frequency, and erectile dysfunction [15,21–23]. Anxiety regarding sexual performance was more important during treatment as compared with pre-diagnosis, although anxiety diminished post-treatment [18]. Similarly, problems related to libido, erection, and ejaculation increased

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