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, Myklebust, & Fosså, 2005), hypertension, and weight gain (Sagstuen et al., 2005). Survivors need to be aware of those conditions and their signs.

Purpose/Objectives: To describe the needs of testicular cancer survivors, develop a nurse-led workshop, and explore the experience of participation.

Research Approach: A systematic intervention development process was used to design a self-management workshop for cancer survivors, which then was evaluated qualitatively.

Setting: Outpatient clinic in England.

Participants: 26 healthcare professionals, charity workers, family members, and testicular cancer survivors participated in the intervention development process. Six testicular cancer survivors attended the workshop and participated in the postintervention focus group discussion.

Methodologic Approach: Ten participants, including four survivors, completed the initial needs assessment interviews. Twenty-six participants then rated the identified needs on two dimensions: importance to self-management and changeability via a self-management intervention. Literature review and expert consultation were used to identify potential workshop components. To explore the experience of attending the intervention, six testicular cancer survivors who participated in the nurse-led workshop were interviewed six weeks later.

Findings: The workshop was well received by participants, who appreciated the goal-setting and information provision activities. The men also felt that they had benefited from the experience of being in the group.

Conclusions: Testicular cancer survivors had unmet post-treatment needs. The systematic intervention development method led to an evidence-based workshop to address those needs. Men reported benefits from attending the workshop, which may help maintain and improve health.

Interpretation: Nurse-led workshops can address the current unmet needs of testicular cancer survivors.

Knowledge Translation: Testicular cancer survivors may require support with health information, maintaining psychological health, and monitoring cancer symptoms. Survivors also need help planning and maintaining an active lifestyle. In addition, a brief workshop approach to intervention delivery is acceptable to testicular cancer survivors.