



## FOR IMMEDIATE RELEASE

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## New JNCCN Study Identifies Long-Term Health Risks Among Testicular Cancer Survivors Treated with Contemporary Chemotherapy Regimens

*Researchers identify renal and cardiovascular risks persist decades after testicular cancer treatment, stressing the importance of survivorship care.*

**MILWAUKEE / INDIANAPOLIS — February 19, 2026** — A large, multi-center study recently published online in the *Journal of the National Comprehensive Cancer Network (JNCCN)* provides new insight into the long-term health effects of contemporary chemotherapy regimens used to treat testicular cancer, highlighting differences in renal function, cardiovascular risk, and the overall burden of chronic health conditions among survivors. It's expected these study findings will be used to inform national follow-up guidelines for cisplatin-treated testicular cancer survivors in the future.

Testicular cancer is the most common cancer in young men aged 18-39, and modern cisplatin-based chemotherapy cures more than 95% of patients. However, as survival has improved, attention has increasingly shifted to the long-term health consequences faced by testicular cancer survivors who may live for many decades after completing treatment.

In the largest real-world study to date comparing contemporary National Comprehensive Cancer Network (NCCN)-recommended chemotherapy regimens, researchers evaluated nearly 800 long-term testicular cancer survivors treated at eight major cancer centers in North America. The study assessed a broad range of adverse health outcomes and quantified survivors' cumulative burden of morbidity more than a decade after treatment.

"Our findings show that while today's standard chemotherapy regimens are highly effective at curing testicular cancer, they're associated with meaningful long-term health risks that appear to differ by treatment approach," said **Sarah L. Kerns, PhD, MPH**, corresponding author and associate professor of radiation oncology at the [Medical College of Wisconsin](#). "Understanding these differences allows clinicians and patients to make more informed decisions and emphasizes the importance of long-term survivorship care."

The study (<https://doi.org/10.6004/jnccn.2025.7120>) found that testicular cancer survivors treated with four cycles of etoposide and cisplatin (EPx4) had significantly higher odds of renal impairment, hearing loss, and peripheral neuropathy compared with those treated with three cycles of bleomycin, etoposide, and cisplatin (BEPx3). Nearly 41% of all survivors in the study showed some degree of at least mild renal dysfunction, which was strongly associated with cumulative cisplatin dose.

Importantly, reduced renal function was linked to higher risks of developing hypertension, high cholesterol, and cardiovascular disease later in life — conditions that can significantly impact long-term quality of life and survival.

"This study demonstrates for the first time that even mild reductions in renal function after chemotherapy can signal elevated later cardiovascular risk in testicular cancer survivors," said **Lois B. Travis, MD, ScD**, senior author and the Lawrence H. Einhorn Professor of Cancer Research at the [Indiana University Melvin and Bren Simon Comprehensive](#)

[Cancer Center](#). “These findings underscore the need for lifelong monitoring of both renal and cardiovascular health in this young survivor population.”

Researchers also found that the overall cumulative burden of morbidity — a measure that captures both the number and severity of chronic health conditions — was similar between EPx4 and BEPx3, but significantly worse among survivors who received more intensive regimens. Worse morbidity scores were closely linked to poorer self-reported physical health, reinforcing the clinical relevance of these long-term effects.

Because the health conditions identified in the study are often detectable through routine clinical evaluations, the authors emphasize that many of the risks can be identified early and potentially mitigated through targeted surveillance, lifestyle interventions, and preventive care.

The study was conducted as part of the multi-center Platinum Study and was supported by the National Cancer Institute, part of the National Institutes of Health.

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**NOTE:** Dr. Sarah Kerns is available for media interviews. A Q&A with Dr. Lois Travis is available [online](#). To schedule an interview with Dr. Kerns, contact the Medical College of Wisconsin at [media@mcw.edu](mailto:media@mcw.edu).

#### **About the Medical College of Wisconsin**

With a history dating back to 1893, the Medical College of Wisconsin is dedicated to leadership and excellence in education, patient care, research and community engagement. More than 1,600 students are enrolled in MCW’s medical, graduate and pharmacy schools at campuses in Milwaukee, Green Bay and Central Wisconsin. MCW’s School of Pharmacy opened in 2017. A major national research center, MCW ranks in the top 1% of U.S. research institutions (National Science Foundation), is the largest research institution in the Milwaukee metro area and is the largest private research institution in Wisconsin. Annually, our faculty direct or collaborate on more than 3,800 research studies, including clinical trials. In the last 10 years, MCW faculty have received nearly \$2 billion in external support for research, teaching, training and related purposes. Additionally, our more than 1,800 physicians provide care in virtually every specialty of medicine, annually fulfilling more than 4.8 million patient visits.

#### **About the Indiana University Melvin and Bren Simon Comprehensive Cancer Center**

The Indiana University Melvin and Bren Simon Comprehensive Cancer Center is the state's only National Cancer Institute-designated Comprehensive Cancer Center and one of only 57 in the nation. The prestigious comprehensive designation recognizes the center's excellence in basic, clinical, and population research, outstanding educational activities, and effective community outreach program across the state. It is also one of only 33 members of the National Comprehensive Cancer Network. As a member, the center's physicians have a role in determining the recognized standard of clinical care for cancer patients. The center is the central hub for cancer research and education across Indiana University.