



TESTICULAR CANCER

1. Guidelines for screening

Risk factors:

Very few risk factors have been identified

Undescended testicle (cryptorchidism)

Occurs in 3% of boys. Orchidopexy is required to bring the undescended testicle into the scrotum

- Family history
- The risk of testicular cancer increases by only 3% of men with a family history of testicular cancer

HIV infection

Men infected with the human immunodeficiency virus (HIV), particularly those with AIDS, are at increased risk. No other infections have been shown to increase testicular cancer risk

Carcinoma in situ

The natural history of testicular carcinoma in situ is unknown and management is controversial

Cancer of the other testicle

A personal history of testicular cancer is another risk factor. About 3% - 4% of men who have been cured of cancer in one testicle will develop cancer in the other testicle.

Age

About half of testicular cancers occur in men between the ages of 20 and 34 but can affect males of any age, including infants and elderly men

Race and ethnicity



White men have a 5 times greater risk than white men and black men have 3 times greater risk than Asian-American and American Indian men. The risk for Hispanics/Latinos falls between that of Asians and non-Hispanic/Latino whites. The reason for these differences is not known. Worldwide, the risk of developing this disease is highest among men living in the United States and Europe and lowest among men living in Africa or Asia

Body size

Height is a controversial risk factor

Unproven or controversial risk factors

Prior trauma to the testicles and recurrent actions such as cycling or horseback riding do not appear to be related to the development of testicular cancer. Most studies have not found that strenuous physical activity increases testicular cancer risk

Screening:

Most testicular cancers can be found at an early stage as a lump on the testicle. In some men, early testicular cancers cause symptoms that lead them to seek medical attention

Most doctors agree that examining a man's testicles should be part of a general annual physical exam

Men should be made aware that if they feel a lump in a testicle and should consult a doctor as soon as possible. Regular testicular self-exams have not been studied enough to show they reduce the death rate from this cancer and there is no recommendation to do self examination

Each man has to decide for himself whether or not to examine his testicles monthly. Individuals who have risk factors for testicular cancer (such as an undescended testicle, previous germ cell tumor in one testicle, or a family history), should seriously consider monthly self-exams and discuss it with their doctor

Testicular self-exam



If testicular self examination is chosen the best time to examine the testicles is during or after a bath or shower, when the skin of the scrotum is relaxed

Hold the penis out of the way and examine each testicle separately.

Hold the testicle between your thumbs and fingers with both hands and roll it gently between the fingers.

Feel for any hard lumps or nodules (smooth rounded masses) or any change in the size, shape, or consistency of the testes.

The normal testis has an epididymis, which can feel like a small bump on the upper or middle outer side of the testis. Normal testicles also contain blood vessels, supporting tissues, and tubes that conduct sperm. Some men may confuse these with cancer at first. If you have any concerns, ask your doctor

A testicle can get larger for many reasons other than cancer. Become familiar with what is normal and what is different. Always report any changes to your doctor without delay

Self-examination is recommended

2. Cancer Prevention

Surgical treatment of cryptorchidism may prevent testicular cancer

There are no known means of preventing testicular cancer

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