

TESTICULAR CANCER

How common are testicular tumors?

Testicular cancers are not very common. Having said that they are the most common cancers in men of age group of 20-34. This is because of overall low incidence of all cancers.

Are there any risk factors for testicular cancer?

The only known risk factor associated with testicular tumors is a history of an undescended testis. This does not mean that men with normally sited testis do not develop testicular cancer. It simply means that men who had an undescended testis are more likely to develop testicular cancer. Even if they have undergone the operation for correction successfully.

What are the symptoms of a testicular tumor?

Until proven otherwise, any lump or firm area within the testicle should be considered a potential tumor. In men who are diagnosed as testicular cancer, 70 percent have of painless swelling or enlargement of the testicle. Another 10 percent may have pain or tenderness.

Since the site is easily accessible there should not be any delay in seeking medical advice. However some men are too embarrassed to seek opinion.

How is a testicular cancer diagnosed?

The urologist may advise for an ultrasonography to confirm any suspicious lump. In addition, patient may be asked for a blood tests to check for certain "tumor markers" — proteins produced by most testicular malignancies that show up in blood if cancer is present.

How are testicular tumors treated?

It is important to know that biopsy is not done in

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case of testicular cancer for the fear of spreading the cancer onto the skin.

If cancer is suspected then the patient will directly be recommended removal of the testis.

This is only the first stage of treatment. Subsequent treatment will depend on the type of the tumor.

In some cases the patient may be advised to undergo chemotherapy injections. In some cases he may be advised to undergo radiotherapy or open abdominal surgery. To remove the lymph nodes.

What can be expected after treatment for testicular tumors?

Removal of one testicle should not impair a patient's sexual potency or, in general, their fertility. They may experience a brief decrease in sperm production but the opposite side testis should produce adequate amounts of testosterone.

After surgery to remove the lymph nodes, some patients may experience a reduced ability to ejaculate, although this problem is uncommon with today's nerve-sparing techniques. Also, there are some medications available to help reverse ejaculation problems. Most patients are able to have a normal erection after the surgery. Many experience low sperm counts after treatment. Hence they may be advised to bank sperm prior to chemotherapy if they wish to have children.

How long will the patient be on follow-up?

A patient be called for periodic check ups for at least 5 years. In addition X-rays, CT scans and blood tests for tumor markers may also be advised. There is 1-2 percent chance of developing a tumor in the opposite testis. Hence, it is important to do monthly testicular self-examinations life long.

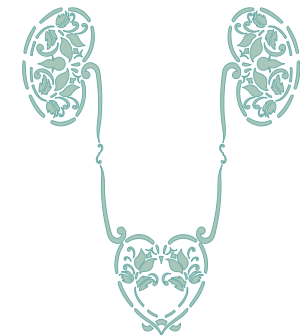
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What is the cure rate for testicular tumors?

The good news for testicular cancer patients is that effective chemotherapy, combined with surgery, has created cure rates approaching 100 percent for low stage or early disease, and more than 85 percent for more advanced tumors.

How do a patient perform a testicular exam?

Monthly testicular self-examinations (TSE) are the most important way to detect a tumor early. A TSE is best done after a warm bath or shower when the skin of the scrotum is relaxed. Patient should look for any changes in appearance and then carefully examine each testicle by rolling it between the fingers and thumbs of both hands to check for any lumps. While many lumps are benign, a high percentage of testicular masses are cancerous. It is important to consult a urologist to get an accurate diagnosis.



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