BASIC FACTS ABOUT TESTICULAR CANCER

Did you know ...

- Testicular cancer is the most common form of cancer in young men in the UK. it occurs mainly in those aged between 19 and 44.
- The risk of developing it has doubled in the past 20 years.
- More than 50% of sufferers consult their doctors after the cancer has started to spread.

BUT, Testicular cancer is still a very uncommon disease. *Only 83 men died of this disease in the UK in 1995, whereas 88 men died of male breast cancer and 2790 of suicide.*

However

- It is easily treated and if caught at an early stage testicular cancer is nearly always curable.
- A simple, regular self-check could help you to detect the early signs of the disease.

The message is simple: ***BE AWARE!*** *If you know the way your testicles feel normally and you examine yourself regularly, you are more likely detect any changes which could be the early signs of developing this treatable form of cancer.*

Causes and Prevention of Testicular Cancer

Testicular cancer is still fortunately rare, with about 1425 new cases a year in the UK. However, it is one of the most curable cancers with 90% making a complete recovery.

We don't know what causes it yet. However we do know that men who were born with an undescended, or partly descended testicle, are five times more likely to develop testicular cancer. Other research has suggested that there may be a hereditary factor involved, and that if you have a father or a brother who has developed the disease you are at increased risk. A brother with testicular cancer means that you could be 10 times more likely to develop it.

Not enough is known at the moment about the causes of testicular cancer to suggest effective ways of preventing it. However, recent work has shown that if an undescended testicle is corrected in a boy before he is 10 years old, his risk of developing testicular cancer drops back to 'average' levels. The research also suggests that regular exercise could help reduce the risk.

Symptoms

The first sign is usually a swelling of one of the testicles, or a pea-sized hard lump on the front or side of a testicle. Occasionally there may be a dull ache, or even more seldom, acute pain. When the cancer spreads there may be more pain or breathlessness or other symptoms. *The most important thing is a change in the testicle itself*. Once the cancer starts to spread the treatment is more difficult and the side effects of treatment can be more unpleasant. The earlier it is detected the better.

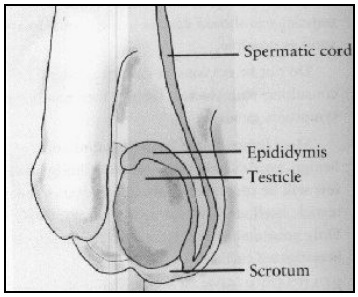
What if it could be a Cancer.

To investigate further your GP or a specialist might want to arrange an ultrasound test. Most commonly your doctor will probably be arranging the ultrasound test to reassure you (and himself) that the change is not cancer and is 'safe'.

However If your doctor thinks it could be a cancer, they will refer you urgently to a specialist. If cancer is confirmed the affected testicle will be removed and then examined under a microscope to provide more detail about the diagnosis and type of cancer. Providing the cancer has not spread it may not be necessary for further treatment after surgery. If it has spread, the additional treatment is usually chemotherapy (drug treatment), though for a few patients radiotherapy is needed.

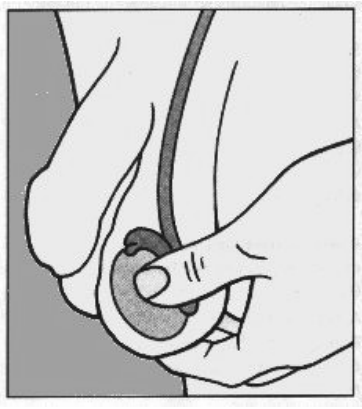
How to Examine Yourself - what to do and when

From the time of puberty onwards you can do a simple, quick check of your testicles regularly. This will help you to know what is normal for you (everyone is different) and you will be able to detect any changes early on. Probably 4-6 x yearly is sufficient when you feel confident about checking yourself.'



The testicle hangs in the scrotum with **the epididymis** (a collection of tubes where sperm mature) at the back.
The spermatic cord is the firm tubular structure that goes up towards the groin.
A good place to examine yourself is in, or immediately after, a bath or a shower, when the muscle in the scrotal sac is more relaxed.

Hold your scrotum in the palms of your hands, so that you can use the fingers and thumb on both hands to examine your testicles. Note the size and weight of the testicles. It is common to have one testicle slightly larger, or which hangs lower than the other, but any noticeable increase in size or weight may mean something is wrong.
Gently feel each testicle individually. You should feel a soft tube at the top and back of the testicle. This is the epididymis which carries and stores sperm. It may feel slightly tender. Don't confuse it with an abnormal lump. You should be able to feel the firm, smooth tube of the spermatic cord which runs up from the epididymis.



Feel the testicle itself. It should be smooth with no lumps or swellings, It is extremely rare to develop cancer in both testicles at the same time; so if you are wondering whether a testicle is feeling normal or not you can compare it with the other.

WHAT TO DO IF YOU NOTICE A CHANGE IN YOUR TESTICLES?

If you notice any change (particularly a hardening lump or swelling, usually on the front or side of the testicle) you should discuss it with your doctor as soon as possible. *Do not be nervous or embarrassed about consulting your doctor.* Do not wait to see if the symptoms go away. Most lumps found by self-examination are nothing to worry about, they are benign or are cysts, particularly those on the epididymis. But a few will be cancerous, particularly if they are on the testicle itself, and should be treated as soon as possible.

Sex Life and Fertility

Treatment for testicular cancer should not normally affect your sex life. Some patients may have problems with infertility before diagnosis of testicular cancer. For those who are fertile there is little risk of their fertility being damaged irreversibly by the treatment. A year or two of low fertility after treatment is usual. It is rare to have the disease in both testicles, and if one testicle has to be removed, the remaining testicle tends to make enough sperm to compensate for the loss. Several hundred children have been fathered over the last decade by patients treated for testicular cancer and there is no evidence of any genetic risk to children fathered after treatment.