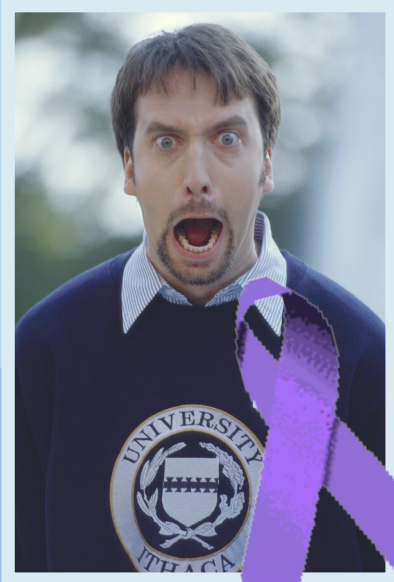


No need to be
SCARED :-]



Learn More About
Testicular Cancer



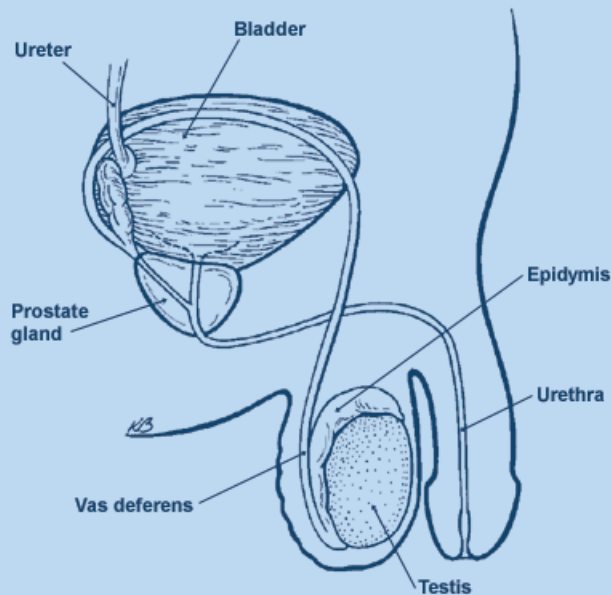
Keep an eye on your balls!

What is Testicular cancer?

Testicular cancer is cancer that typically develops in one or both testicles in young men. It is a highly treatable and usually curable type of cancer.

The testicles (also called the testes; a single testicle is called a testis) are a part of the male reproductive system. These 2 organs, each normally somewhat smaller than a golf ball in adult males, are contained within a sac of skin called the scrotum, which hangs beneath the base of the penis.

The testicles manufacture the male hormone testosterone. They also produce sperm. Sperm cells are carried from the testicle through the vas deferens to the seminal vesicles, where they are mixed with fluid produced by the prostate gland. During ejaculation, sperm cells, seminal vesicle fluid, and prostatic fluid enter the urethra, the tube in the center of the penis through which both urine and semen are passed.



Can it be found early?

Most testicular cancers can be found at an early stage. In some men, early testicular cancers cause symptoms that lead them to seek medical attention. Most of the time a lump on the testicle is the first sign. Unfortunately, however, some testicular cancers may not cause symptoms until after they have reached an advanced stage.

Who gets testicular cancer?

Men who are more likely to get testicular cancer:

- * Are white
- * Have a father or brother who had testicular cancer
- * Have a testicle that did not come down into the scrotum (the skin "sack" that holds the testicles), even if surgery was done to remove the testicle or bring it down.
- * Have small testicles or testicles that aren't shaped right (most testicles are round, smooth and firm)
- * Have Klinefelter's syndrome (a genetic condition)

What are the signs?

- * A hard, painless lump in the testicle
- * Pain or a dull ache in the scrotum
- * A scrotum that feels heavy or swollen
- * Bigger or more tender "breasts"

Treatment Options by Stage

Stage I seminomas are usually treated with surgical removal of the testicle and spermatic cord (radical inguinal orchiectomy) followed by radiation aimed at regional lymph nodes (inguinal and retroperitoneal lymph nodes). Because seminoma cells are very sensitive to radiation, moderate doses can be used, usually around 10 to 15 treatments. More than 95% of stage I seminomas can be cured this way.

Stage I seminomas

Stage I nonseminoma germ cell cancers are also highly curable (98%), but the standard approach is different from treatment of seminomas. As with seminomas, the initial treatment is radical inguinal orchiectomy. Then there are 3 options:

- * Retroperitoneal lymph node dissection
- * Careful observation with frequent (usually monthly) doctor visits and tests for several years.
- * Immediate treatment with 2 cycles of chemotherapy.

Stage II Germ Cell Cancers

Stage II seminomas are classified as either "nonbulky" or "bulky," which refers to the size of the retroperitoneal lymph nodes. Nonbulky tumors are treated with radical inguinal orchiectomy followed by radiation to the regional (retroperitoneal) lymph nodes. Bulky tumors are treated with radical inguinal orchiectomy, followed by combination chemotherapy that includes 3 cycles of cisplatin, etoposide, and bleomycin. Usually higher doses of radiation are given for nonbulky stage II seminoma than for stage I seminoma. Radiotherapy is not used for bulky stage II seminoma. Chemotherapy is the best treatment for patients with this stage of seminoma.

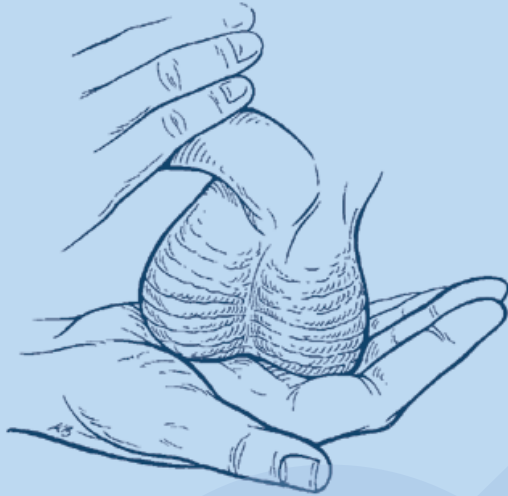
Stage III Germ Cell Cancers

Stage III seminomas are treated with orchiectomy followed by chemotherapy with a combination of drugs. The main regimens are the same as those used for stage II testicular cancers (usually etoposide, cisplatin, and bleomycin). This approach produces a cure in over 70% of cases. Stage III nonseminomas usually receive the same treatment with chemotherapy and have similar survival rates as seminomas. Once chemotherapy is complete, the doctor looks for any cancer that remains. Sometimes a few tumors remain. These are most often in the lung or in the retroperitoneal lymph nodes. Removing these surgically may result in a cure.

How do I do a self-exam?

** Check your testicles one at a time. Use one or both hands.*

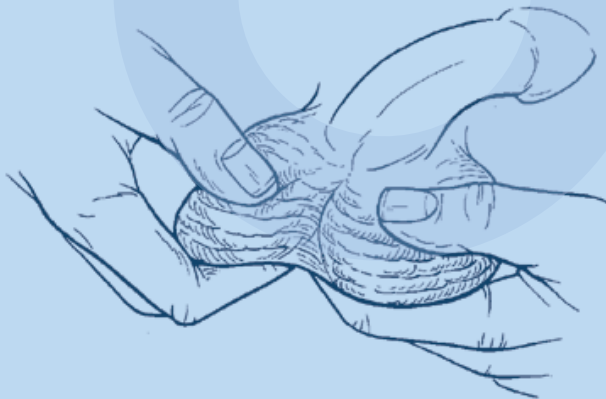
** Cup your scrotum with one hand to see if there is any change (Picture 2).*



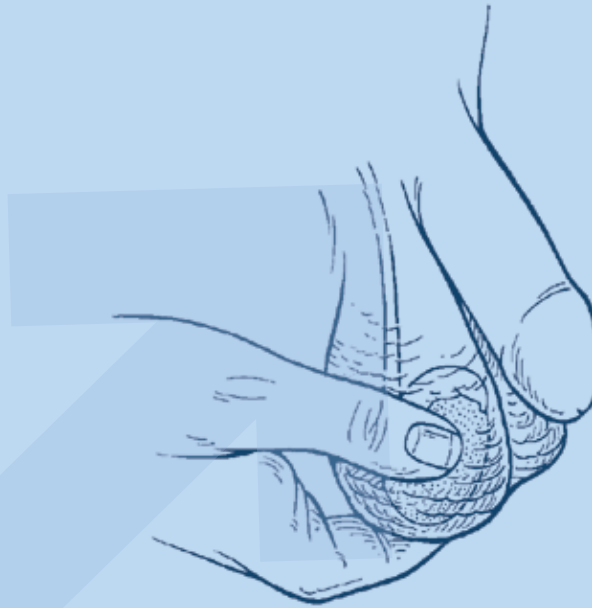
** Place your index and middle fingers under a testicle with your thumb on top.*

** Gently roll the testicle between your thumb and fingers.*

** Feel for any lumps in or on the side of the testicle (Picture 3). Repeat with the other testicle.*



** Feel along the epididymis for swelling (Picture 4).*



It's normal for one testicle to be a little bit bigger than the other. The testicles should be smooth and firm. If you feel any bumps or lumps, visit your doctor right away.

The best time to do the exam is during or right after a shower or a bath. The warm water relaxes the skin on your scrotum and makes the exam easier.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.