

## Testicular cancer

Testicular cancer is a rare disease, diagnosed in about 680 Australians each year but it is the second most common form of cancer in men aged 18 - 39. It has a very good cure rate, about 95 per cent if found and treated early. Testicular cancer usually appears as a painless hard lump in a testis and if not treated, the cancer typically spreads to other parts of the body by the blood stream or lymphatics.

Young men aged between about 20 and 40 years of age are most at risk of developing testicular cancer and should regularly examine themselves for lumps in the testes. The most significant risk factors for developing a testicular tumour are undescended testes (10 x increase) and a previous testicular cancer in the other testis (1:25 chance).

Many scrotal lumps men are worried about are clearly not testicular cancer and they can be reassured after simple examination by a doctor but the investigation of a suspicious scrotal lump is an ultrasound. If an ultrasound is suggestive of a testicular tumour, blood is taken for serum markers that may be elevated before an inguinal orchidectomy, surgical removal of the testis and spermatic cord through a groin incision. This relatively minor operation usually requires one night in hospital and a week off work. For men concerned about the scrotal asymmetry, a testicular prosthesis can be inserted at the time or at a later date.

Post-operatively, histopathology will confirm the tumour type, a non-seminomatous germ cell tumour or a seminoma as each are treated slightly differently. Serum markers are followed and if previously elevated should fall to normal if the tumour had been confined to the testis. A staging CT scan of the chest and abdomen is performed, looking for lymphatic spread.

If there is no evidence of disease beyond the testis, 80% of men are cured and often simple surveillance is undertaken but sometimes radiotherapy or chemotherapy are used because of the 20% risk of unrecognised lymphatic disease. For more advanced disease, surgery, radiotherapy or chemotherapy will be required.

Fertility is often reduced in men with testicular tumours and will be affected further by any radiotherapy or chemotherapy so sperm banking can be a consideration.