



The Leading Cancer of Young Men

Testicular cancer occurs most commonly in young males between the ages of 16 to 35.

Males with a history of late descending or undescended testicles have a higher risk of developing testicular cancer. The testicles develop inside the stomach of unborn males. The testicles then begin to descend at birth or during the first year. Late descending testicles usually develop toward the end of the first year or beginning of the second year. If the testicles do not descend by then, surgery is required to assist this process.

Testicular cancer can affect everyone, even famous athletes. In 1993, Philadelphia baseball player John Kruk was diagnosed with testicular cancer. He was treated and now continues to play ball. In more recent cases, Lance Armstrong, professional cyclist, and Scott Hamilton, ice figure skater, were diagnosed with testicular cancer.

Symptoms

Hard swelling detected in part of one testicle is the most common symptom of testicular cancer. A pea-sized hard lump detected on the front or side of the testicles may also be an indication for testicular cancer. Males with testicular cancer often notice an ache in their lower abdomen or in the affected testicle.

Diagnosis

With the patient standing upright, the clinician inspects the genital area for any signs of swelling or any lumps. The testes are then palpated, examined by touch, through the scrotum. When a mass or lump is discovered, the examiner attempts to separate the lump from the testicle to further examine it. A strong light is placed behind the mass, which allows the examiner to determine whether the mass is solid, or if the mass is transparent enough for the light to go through. Testicular cancer is always represented by a solid mass.

Before surgical exploration, special blood tests and accuracy of the diagnosis. Biopsy of the testicle may be required to

Reference: Medscape.com on the World Wide Web. Go to <http://www.medscape.com/> for more information.

make a definitive diagnosis. A biopsy refers to a procedure that involves obtaining a tissue specimen for microscopic analysis.

Treatment

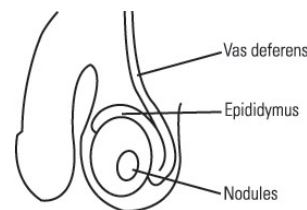
Testicular cancer can usually be cured even if it has spread beyond the testicle where it is detected. Treatment of testicular cancer depends on the extent to which it has spread beyond the testicle. All cases of testicular cancer involve the removal of the cancerous testicle. The cure rate for surgical procedures to remove early stages of testicular cancer is essentially 100%. Treatment for more advanced cases of testicular cancer include radiation therapy and chemotherapy. Even in more extensive cases, there has been a cure rate of 85%, using different combinations of surgery, chemotherapy, and radiation therapy.

Testicular Self-Examination



Cancers that are found early are the most easily treated. The best way to check for testicular cancer is to examine yourself once a month. A good time to do this is after a warm bath or shower, when the scrotal skin is relaxed. Hold

your scrotum in the palm of your hands, so that you can use the fingers and thumb on both hands to examine your testicle. Find the epididymis (the soft, tubelike structure at the back of the testicle that collects and carries the sperm). Do not mistake the epididymis for an abnormal lump. Note the size and weight of the testicles. It is common to have one testicle slightly larger, or one which hangs lower than the other, but any noticeable increase in size or weight may mean something is wrong. Gently feel each testicle individually.



If you discover a lump in your testicle it is recommended that you have it examined by a physician. Cal Poly Pomona Student Health Services provides an excellent staff of physicians to assist you in testicular examinations. To make an appointment call (909) 869-4000.

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