

Testicular cancer

Testicular cancer is an uncommon cancer that occurs mainly in men aged between 25 and 44 years. About 154 Victorian males are diagnosed with this cancer each year. The exact cause remains unknown, but factors that may increase a man's risk include undescended testes or a family history of testicular cancer. In most cases, testicular cancer is curable.

The testicles (testes) are two small, oval-shaped organs located behind the penis in a skin sack called the scrotum. They are part of the male reproductive system. Sperm and sex hormones are made by the testicles.

Symptoms

The symptoms of testicular cancer can include:

- A swelling or lump in the testicle, usually painless
- A feeling of heaviness in the scrotum
- Persistent ache in the lower abdomen or the affected testicle.

Most testicular lumps are **not** cancer but it is important to see your doctor if you have any of these symptoms.

A cancerous lump may be as small as a pea or much larger. In most cases only one testicle is affected. Sometimes testicular cancer cells spread into the lymph glands and other organs in the body (most commonly the lungs). If this happens, you may have other symptoms such as a cough or shortness of breath. Even if testicular cancer spreads, it can still usually be cured.

Different types of testicular cancer

There are two main types of testicular cancer:

- **Teratoma** – men aged between 15 and 30 years are more likely to develop this type.
- **Seminoma** – men aged between 25 and 55 years are more likely to develop this type.

Occasionally, testicular tumours can be a mix of both types. They may also be called germ cell tumours.

Diagnosis

If you feel a swelling or any other type of unusual change in one of your testicles, it is important to see your doctor. Diagnosing testicular cancer involves a number of tests including:

- Physical examination of the testicles
- Ultrasound scan this helps to distinguish between cancers and lumps due to other causes
- Blood tests – many testicular cancers produce a hormone that can be measured in the blood. Doctors call them 'markers'.

If the ultrasound results suggest cancer, the affected testicle will need to be removed surgically. The cells from the lump will be examined under a microscope. Unfortunately, this is the only way to confirm testicular cancer. Doctors will only do this operation if they are fairly sure that it is cancer.

If your doctor suspects that the cancer has spread to other parts of the body, they will do other tests such as a chest x-ray and scans – either magnetic resonance imaging (MRI) scan or a computed tomography (CT) scan.

Treatment

Surgical removal of the affected testicle (orchidectomy or orchiectomy) is usually the first treatment for testicular cancer. The testicle can be replaced with a false one called a prosthesis. You can usually go home the next day after surgery. If the cancer has not spread beyond the testicle, this may be the only treatment you will need, although for a few years you will have to attend the hospital for regular check-ups.

Losing one testicle doesn't affect your fertility, since the remaining testicle will continue to make sperm. Your ability to have an erection isn't affected either. However, if you have both testicles removed, you will be infertile.

Further treatment for testicular cancer may include:

- **Radiotherapy** – this involves the use of x-rays to kill cancer cells, while doing as little harm as possible to the normal cells. Radiotherapy may be given to men with seminoma, either to prevent the cancer coming back after surgery or to treat any cancer cells that have spread to the lymph nodes at the back of the abdomen. This treatment is generally very successful for seminoma. Radiotherapy does not make you radioactive so it is safe for you to be with other people, including children, after your treatment.
- **Chemotherapy** – this involves the use of anti-cancer drugs to kill cancer cells. The drugs circulate in the bloodstream and can reach cancer cells anywhere in the body. Chemotherapy can be used to treat men with teratoma, either to prevent the cancer coming back after surgery or to treat any cancer that has spread to the lymph nodes. It can also be used to treat men with seminoma if there are a lot of cancer cells in the nodes at the back of the abdomen or if the seminoma has spread beyond these lymph nodes.
- **Further surgery** – if the cancer has spread to the lymph nodes at the back of the abdomen and remains after chemotherapy or radiotherapy, the lymph nodes may be surgically removed. This may cause infertility by preventing the ejaculation of sperm through the penis. However, sexual function and the ability to orgasm remain intact.

If you need further treatment or both testicles removed, you may be able to make a sperm bank donation. This will give you the option to father children in the future.

Self-examination

Cancers that are found early are the easiest to treat. Men should become familiar with the usual level of lumpiness of their testicles and see their doctor if they notice a change. After a warm bath or shower, when the scrotal skin is relaxed, is a good time for men to examine their testicles. You should try to get into the habit of doing this regularly.

Some men need to be especially watchful. They include men and boys with a family history (father or brother) of testicular cancer and men and boys whose testes did not descend normally when they were babies.

Where to get help

- Your doctor
- Cancer Council Victoria, Information and Support Service Tel. 13 11 20
- Multilingual Cancer Information Line, Victoria – see the CCV website for contact details

Things to remember

- Testicular cancer is not common and most testicular lumps are not cancer.
- Men aged between 25 and 44 years are most at risk.
- Early diagnosis and treatment can cure almost all cases of testicular cancer.

This page has been produced in consultation with, and approved by:

Cancer Council Victoria

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