Take preventive measures to avoid testicular cancer’s reach

The National Cancer Institute (NCI) projected that approximately 8,010 new cases of testicular cancer were diagnosed in 2005, 390 of which ended in death. Cases of testicular cancer—which account for approximately 1% of all cancers—have more than doubled over the past 40 years, with the incidence varying by geographic area. In the United States, there’s a higher incidence among Caucasians than African Americans. Despite increased incidence, there has been a 60% decrease in mortality as a result of effective treatments.

When detected early, testicular cancer has an excellent prognosis and is one of the most curable cancer types. According to the NCI, the 5-year relative survival rate is over 95%. If the cancer hasn’t metastasized outside of the testicle, the 5-year relative survival rate is 99%. Even with metastasis to nearby lymph nodes, the 5-year survival rate in the United States is 72%. Overall, approximately 140,000 men have survived testicular cancer in the United States.

Completing a patient health history and performing a physical examination on the male genitalia involves examining the genitalia and asking sensitive questions related to sexual functioning. Understandably, both nurses and students often become uncomfortable or uneasy with this examination. Nevertheless, omitting important portions of the history or incompletely examining the genitalia may result in collecting insufficient patient data. Establishing a nonthreatening and nonjudgmental attitude is necessary, both while performing the examination and discussing sexuality-related topics.

Although it’s a sensitive or embarrassing topic for some patients, nurses should recognize that counseling is an important part of the complete male genitalia examination. Two specific areas of counseling include prevention of sexually transmitted diseases and HIV, and teaching testicular self-examination (TSE). In addition to caring for your patients, it’s important to apply to yourself an understanding of testicular cancer’s prevalence and the importance of using TSE to improve health awareness and promote positive self-care.

Important information

Testicular cancer can develop in one or both testes. It occurs most often in the late 20s or 30s, but can develop at any age. It’s the most common cause of solid tumors in men between 15 and 35 years of age. Approximately 60% of testicular cancers are localized, 24% have regional involvement, and 14% have distant metastases.

When detected early, testicular cancer is highly treatable and usually curable. Treatment methods include surgical removal of the testes (orchiectomy) and removal of associated lymph nodes (lymphadenectomy), radiation therapy after surgery, and chemotherapy with drugs such as cisplatin, bleomycin, and etoposide.

Men can greatly increase their chances of early diagnosis by performing the TSE. The American Cancer Society advises men to receive a testicular exam by a healthcare provider as part of a routine cancer screening examination.

A review of the literature indicates that there’s controversy regarding regular monthly screenings. With therapy being effective at each stage of the disease, and the possibility of unnecessary diagnostic workups, the benefit versus harm ratio of regular monthly screenings requires further evidence and investigation.

Although it doesn’t receive formal endorsement as a screening test for testicular carcinoma, many healthcare providers agree that TSE should be part of a general physical exam. The TSE improves health awareness and self-care, fostering health promotion sensitivity.

What are the risk factors?

A number of risk factors are associated with an increased incidence for testicular cancer. They include the following:

Cryptorchidism—Approximately
14% of testicular cancer cases occur in men with undescended testicles. In most cases, testicular cancer develops in the undescended testicle.

**Carcinoma of the other testicle**—Men who have been cured of cancer have an increased risk (approximately 3% to 4%) of developing cancer in the other testes. Intratubal germ cell neoplasia increases the risk.

**Age**—Men with the highest risk are between 20 and 34 years of age, the second highest risk group is between ages 35 and 39, and the third is between ages 15 and 19.

**Race and ethnicity**—The risk is 4 to 5 times more common in Caucasian men (especially those with Scandinavian background) than in African Americans. The risk is intermediate in Hispanic and Asian men. Throughout the world, the rates are highest in the United States and lowest in Africa and Asia.

**Family history**—A higher risk exists if one or more family members have testicular cancer.

**Past history**—A past history of mumps, orchitis, an inguinal hernia, or a hydrocele in childhood may increase the risk.

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**Signs and symptoms**

Be aware of the most common signs and symptoms in the testicles and scrotum, which include:

- lump or swelling in either testicle
- enlargement of a testicle or change in the way it feels
- dull ache in the back or lower abdomen
- gynecomastia (excessive development of male breast tissue), which can be normal in adolescent males
- testicular discomfort/pain or a feeling of heaviness in the scrotum
- a sudden collection of fluid in the scrotum

**Performing the TSE**

This examination, which takes 2 to 3 minutes, is best performed during or after a warm bath or shower. The heat relaxes the scrotum and makes inspection and palpation easier to identify abnormalities.

1. Stand in front of a mirror and inspect for swelling on the skin of the scrotum.
2. Hold the penis out of the way and examine each testicle separately with both hands. The index and middle fingers should be cupped under the testicle with the thumbs placed on top and the thumbs on top of the testes.
3. Feel for any evidence of a lump or abnormality.
4. Follow the same procedure and palpate upward along the testes.
5. Locate and palpate the epididymis, a cord-like structure on the top and back of the testicle that stores and transports sperm. Also locate and palpate the spermatic cord.
6. Repeat the examination for the other testis, epididymis, and spermatic cord. It is normal to find that one testes is larger than the other.
7. If you find any evidence of a small, pea-like lump or if the testis is swollen (possibly from an infection or tumor), consult your physician.

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**Testicular self-examination**

1. Use both hands to palpate the testis. The normal testicle is smooth and uniform in consistency.
2. With the index and middle fingers under the testis and the thumb on top, roll the testis gently in a horizontal plane between the thumb and fingers (A).
3. Feel for any evidence of a small lump or abnormality.
4. Follow the same procedure and palpate upward along the testis (B).
5. Locate and palpate the epididymis (C), a cord-like structure on the top and back of the testicle that stores and transports sperm. Also locate and palpate the spermatic cord.
6. Repeat the examination for the other testis, epididymis, and spermatic cord. It is normal to find that one testes is larger than the other.
7. If you find any evidence of a small, pea-like lump or if the testis is swollen (possibly from an infection or tumor), consult your physician.

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**Health Check**

Testicular self-examination

on top. (See “Testicular self-examination.”)

3. Gently roll the testicles between the fingers and thumbs. One testicle may be larger than the other, but note any mass, nodule, change in size, shape, or consistency. A normal testicle is smooth, oval, and uniformly firm to the touch.

4. Locate the epididymis, a soft, tube like structure at the back of the testicle that collects sperm. This is a normal finding.

5. If you find a mass on self-examination, remain calm and seek immediate medical attention. It may be a noncancerous condition such as an infection or hydrocele. If it’s cancer, prompt treatment is necessary.

By performing TSE frequently, you’ll become familiar with your body and what could be an abnormal finding.8

Just as women have been made aware of monthly breast self-examination for early detection of breast cancer and improving women’s health, men, especially those with risk factors, should begin a life-long habit of self-examination and healthy self-care practices. Although treatments are effective and cure rates are very high, early detection can improve your quality of life. 8

References

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