What you need to know about prostate and testicular cancer
TESTICULAR CANCER

THE FACTS

Testicular cancer develops from within the cells in the testes. It usually presents itself as a lump in the testicle.

Regular self-examination can help to detect this cancer at an early stage. If the cancer is not treated, cancer cells can break away and spread to nearby lymph nodes or other organs.

Testicular cancer primarily affects younger men and is the most common form of cancer in men aged 15 - 45.

Testicular cancer is still quite rare, with about 2,000 cases a year in the UK. However, the incidence of this disease is rising dramatically and doctors are baffled as to why this is.

Thanks to advances made at The Institute of Cancer Research, with treatment, testicular cancer has an overall cure rate of 95%. The cure rate can be as high as 99% if caught at an early stage.

RISK FACTORS

Age - testicular cancer is diagnosed more frequently in the young and middle-aged than in elderly men.

Undescended testis at birth - the most significant risk factor, this condition may increase the risk of testicular cancer by five to ten times.

Family history - having a father, brother or son who has had testicular cancer increases the risk of getting the disease. Inherited genetic factors may play a role in up to one in five testicular cancers.

Previous testicular cancer - having had testicular cancer before increases the risk of developing cancer in the other testicle. However, cancer in both testicles is extremely rare.

Race and ethnicity - testicular cancer is most common in Caucasians. With the exception of New Zealand Maoris, the disease is rare in non-Caucasian populations.
SIGNS & SYMPTOMS

Regular self examination will help you become more aware of the normal feel and size of your testicles so that any abnormalities can be spotted early on.

If you notice any of the following symptoms, go and see your GP as soon as you can:

- A lump in either testicle
- Any enlargement of the testicle
- A feeling of heaviness in the scrotum
- A dull ache in the abdomen or groin
- A sudden collection of fluid in the scrotum
- Growth or tenderness of the upper chest

Don't just wait and hope that these symptoms disappear - go and get checked out by your doctor. Most lumps are not cancerous but the earlier you find out, the earlier you can get any necessary treatment.

DIAGNOSIS & TREATMENT

If your doctor thinks that you might be suffering from testicular cancer, he is likely to recommend one or more of the following options:

- Referral to a surgeon
- A blood test
- A biopsy
- An X-Ray
- An ultrasound scan

These tests are firstly to determine whether you have testicular cancer and secondly, to discover to what extent, if any, the cancer might have spread.

If caught early and the cancer has not spread, treatment will ordinarily be the surgical removal of the cancerous testicle. If the cancer has spread, this will usually be followed by a three to four month course of chemotherapy.
THE FUTURE

If you are treated for testicular cancer, it is extremely likely that both your fertility and your sex life will recover after the end of your treatment. If you have a testicle surgically removed, you should have the option to have a prosthetic replacement fitted. The remaining, healthy testicle tends to be able to produce enough sperm to compensate for the loss.

HOW TO PERFORM A TESTICULAR SELF-EXAMINATION

You should carry out these easy steps regularly. A thorough examination may be easier after a warm bath or shower as the scrotal skin relaxes.

Most lumps found on the testicles are benign but any changes in size, shape or weight should be checked by your GP.

Support the scrotum in the palm of your hand and become familiar with the size and weight of each testicle.

Examine each testicle by rolling it between your fingers and thumb. Gently feel for lumps, swellings, or changes in firmness.

Each testicle has an epididymis at the top which carries sperm to the penis. Don't panic if you feel this - it's normal.
PROSTATE CANCER

THE PROSTATE
The prostate is a male sex gland located underneath the bladder. It is about the size of a walnut and fits around the tube (the urethra) which carries urine out of the bladder. The prostate produces a thick fluid that forms part of the semen.

RISK FACTORS
Age - the majority of men with prostate cancer are aged over 50 years.

Family History - men with a brother or father who developed prostate cancer at a young age have an increased risk. Men with a family history of breast cancer also have an increased risk.

Race - prostate cancer is more common in men of African descent.

Environment - possible factors include high fat consumption and low green vegetable consumption as well as exposure to radioactive substances.

It has been suggested that selenium and vitamin E in the diet may protect against prostate cancer.

But in most cases, we simply do not know what causes it to occur or how to prevent it. Little is known about the detailed or molecular mechanism of development of prostate cancer.

THE FACTS
More than 30,000 men are diagnosed with prostate cancer each year.

Prostate cancer has now replaced lung cancer as the UK's most common cancer in men.

Prostate cancer kills about 10,000 men in the UK each year. This means that one man dies every hour from this disease.
**SIGNS & SYMPTOMS**

One of the problems related to prostate cancer is that, in its early stages, it often does not cause symptoms. When they do occur they may include any of the following problems:

- Having to rush to the toilet to pass urine
- Passing urine more often and/or at night
- Difficulty getting the flow of urine started
- Starting and stopping whilst passing urine
- Discomfort (pain or burning) whilst passing urine
- A feeling of not having emptied the bladder fully
- Dribbling of urine
- Blood in urine or semen
- Pain or stiffness in the back, hips or pelvis

**ACTION**

The prostate enlarges as men get older, and most men have some symptoms affecting urination. These symptoms can be caused by other conditions that are less serious than prostate cancer, such as a non-cancerous enlarged prostate gland or a kidney infection.

However, if you are suffering from any of these symptoms, it is vital that you go and see your doctor as soon as possible so that the cause can be diagnosed and any relevant treatment administered.

None of the following tests is an individually conclusive indicator of prostate cancer. Your doctor is likely to use more than one test to determine whether or not you are affected by prostate cancer.

Further research is urgently needed to find a more efficient, comprehensive test - as an early diagnosis is so important to successful treatment.
**DIAGNOSIS**

Prostate cancer tests:

**Rectal Examination** - your doctor can actually feel the size of the prostate gland. However, an enlarged prostate does not necessarily indicate prostate cancer.

**PSA Blood Test** - tests the level of 'Prostate Specific Antigen' in the blood. A high reading suggests prostate cancer but could be caused by other conditions.

**Biopsy** - a tiny sample of tissue from the prostate is taken using a probe and the tissue analysed.

**Ultrasound** - a small probe is inserted into the back passage and a scan taken to show the exact size of the prostate.

**Bone Scan** - can be taken to determine whether there is any cancer that has spread to the bones near the prostate.

**TREATMENT**

Some prostate cancers are so slow-growing that no treatment is needed. Instead, a policy of 'watchful waiting' is employed. This involves regular check-ups to monitor the disease and check for any change in condition. When more active treatment is required, there are currently four main options:

**Surgery** - the entire prostate gland is removed in an operation called a 'prostatectomy'.

**Radiotherapy** - high energy rays are used to destroy the cancer cells.

**Hormone treatment** - drugs can be used to lower the level of testosterone in the blood, which has the effect of slowing or stopping the growth of the cancerous tumour. However, some prostate tumours develop the ability to grow without testosterone.

**Brachytherapy** - a treatment where radioactive 'seeds' are implanted directly into the tumour.

These treatments carry the risk of side-effects and long-term impotence.