Testicular cancer

Testicular (or testes) cancer is now the most common form of cancer in men aged 20 to 34. More than 8 out of 10 people who get it are cured.

Symptoms
An enlargement or ‘hardness’ of the whole testicle or a lump in part of one testicle. It is usually painless but some men notice an ache or ‘heavy’ feeling in the affected testicle. Testicular cancer usually affects only one of the testicles.

Cancers found early are those most easily cured. You should regularly carry out a self-examination after a warm shower or bath, when the skin of the scrotum is relaxed.

Who is at risk?
Potentially all men are at risk. However:

- men with an undescended testicle (absent testicle) who did not have the problem surgically corrected in early childhood are 5 times more likely to contract testicular cancer
- men between the ages of 20 and 34 are most at risk
- other risk factors include a close relative who has had testicular cancer (for example, father or son)
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Where to go for help
Any unusual lumps or swellings should be checked as soon as possible by:

- Your own GP, who may wish to refer you to a hospital urology department which deals with non-infectious diseases of the genitals.

- Your local NHS sexual health (GUM) clinic. You can find details of your nearest NHS sexual health clinic in the phone book under genito-urinary medicine (GUM), sexually transmitted diseases (STD) or venereal diseases (VD). Or phone your local hospital and ask for the ‘special’ or GUM clinic. You will get free, confidential advice and treatment. You can go to any clinic anywhere in the country – you don’t have to go to a local one – and you don’t have to be referred by your GP. (Non-NHS sexual health clinics may not always offer the full range of services which are available at NHS sexual health clinics.) If a testicular cancer is suspected, you will be referred to the hospital urology department.

Diagnosis and treatment
Each person is treated individually. Your doctor will discuss the investigations and treatment you need with you.

- Ultrasound, urine and blood tests are carried out. These will help distinguish between cancer and lumps due to other causes.

- If a lump is thought to be cancerous, the affected testicle is removed under general anaesthetic. It is then examined under a microscope to determine the type of cancer (there are two main types: seminoma and teratoma, which behave differently). The possibility of an artificial implant as a cosmetic replacement testicle will be discussed before you have the operation.

- If testicular cancer is confirmed, blood tests and body scans are needed to test whether the cancer has spread to other parts of the body.

- If the cancer has not spread beyond the testicle, no further treatment may be needed. But regular check-ups will be carried out for several years. Other treatment depends on the type of cancer, and whether or not there is any sign that it has spread.

- Most men with seminoma may require radiation treatment if it spreads to the lymph nodes in the abdomen (though this is uncommon). Sometimes radiotherapy elsewhere will be required.

- Men with teratoma who need further treatment after removal of one testicle will have chemotherapy or, occasionally, radiotherapy. Further surgery may be needed to remove any disease still in the abdomen or chest after radiation or chemotherapy.

What happens afterwards?
- Close follow-up, with body scans and blood tests, is essential for all cases of testicular cancer.

- Chemotherapy reduces the sperm count during treatment and for some months afterwards. However, men treated for testicular cancer have gone on to father children without genetic risk to their children.

This factsheet is one of a series which give information on the following range of infections and diseases: bacterial vaginosis, chlamydia, cystitis, genital herpes, genital warts, gonorrhoea, hepatitis (A, B and C), non-specific urethritis, penile cancer, pelvic inflammatory disease (PID), prostate cancer, pubic lice, scabies, syphilis, testicular cancer, thrush and trichomonas vaginalis.

Free copies of any of these factsheets are available from GP surgeries, NHS sexual health (GUM) clinics, or your local health promotion unit (in the phone book under your local Health Authority).