

## Testicular Cancer

When researching topics for this newsletter, all the hard work in the world sometimes matters not; something will happen during the course of a normal day that'll make the ol' light bulb flick on and change everything for that week's article. One such example happened yesterday. A phone call from a patient about a completely unrelated issue brought back what this individual went through about 2 years ago. Unfortunately, I diagnosed him with testicular cancer. Fortunately, he's around to talk about it. Obviously, a horrible period in this man's life, it could have been even worse if he didn't have the common sense to check himself and, most importantly, do something about the abnormality that he felt and not ignore it. Yes, believe it or not, some would do (and have done) just that- brush it off as "nothing". Famous last words.

Testicular cancer is rare. It comprises approximately 1% of all solid tumors that can affect men. It is usually a young (er) man's disease. Peak incidence occurs between the ages of 20-40, although there can be exceptions to this. The typical finding is that of testicular swelling or a mass/induration. It can sometimes be as subtle as a tenderness that just won't go away. The initial encounter is usually made by the patient himself, while bathing, for example. I have had patients who've been detected by their significant others during, shall we say, intimate encounters. Regardless of how, the important point is that it be detected BEFORE it goes elsewhere. In other words, while still confined to the testicle.

If you're thinking "well, doesn't that apply to all cancers", you would be correct. What makes that statement all the more important with the testicular variety if that, if caught in time, there's an excellent chance for cure-100% for limited disease- limited being defined as without spread. The likelihood for

finding the cancer at this stage is excellent because of the anatomy; some of the thinnest skin on the body encases the testis, therefore even minute irregularities are usually palpated with ease- if you look for it. I'm cognizant of the fact that I've already repeated myself several times with the same message but I can't emphasize it enough- you gotta look! Don't worry about making a diagnosis. Let your physician, with the likely help of a sonogram, do that. The results are usually benign- but confirmation of this is essential.

"Well, what if it is a cancer?" Cancer is bad news, regardless of where it happens to be. That said, early testicular malignancies are some of the easiest to treat, both in terms of the patient's response and the feasibility of therapy. Typically, this involves an orchiectomy- removal of the affected testicle and, depending on the type of testicular cancer diagnosed, a (relatively) short course of chemotherapy and/or radiation therapy is warranted. However, some types of testicular malignancies, if caught early enough, require surgery AND NOTHING ELSE! That's right, a cure without anything further to be done. Again, no one disputes the trauma of being diagnosed with cancer, but when one considers that "cure" and "cancer" are usually mutually exclusive terms, the rare opportunity for a cure should be seized without hesitation.

One other important point needs to be made. Testicular cancer does NOT affect fertility. A man can have an orchiectomy and still father as many children as the couple desires! And regarding sexual abilities after treatment is completed- usually a non-issue. So guys, no excuses now. Start your monthly exams yesterday, please- and NEVER, EVER say "ah, it's nothing".

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