

Testicular Cancer

Although overall it is uncommon, testicular cancer is the most common type of cancer in young men age (15-35). The incidence of testicular cancer has been increasing, but mortality rates are improving due to dramatic advances in its treatment. The usual presentation of this cancer is a painless mass.

Risk Factors

- Cryptorchidism (*undescended testicle*)
- Previous testicular cancer in opposite testis
- Testicular atrophy (*shrunk*) or dysgenesis (*congenitally abnormal*)
- Family history of testicular cancer

Germ cell cancers account for 95% of testicular cancer and can be subdivided into seminomas and nonseminomas. Nongerm cell cancers such as lymphoma account for the other 5% and can be from several different cell types. Tumor markers for testicular cancer are AFP (alpha fetoprotein) and hCG (*human chorionic-gonadotropin*). The best use of these tumor markers is for the early detection of cancer relapse.

If your client has had testicular cancer, please answer the following:

1. Please list date of first diagnosis

2. How was the cancer treated (check all that apply)?

- surgery
- chemotherapy
- radiation therapy

3. Please list date treatment completed:

4. Is your client on any medications?

- yes, please give details

5. What stage was the cancer?

- Stage I
- Stage II
- Stage III

6. Has there been any evidence of recurrence?

- yes, please give details
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7. Please give date and result of most recent AFP or hCG test:

8. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

- yes
- no

9. Does your client have any other major health problems (ex: heart disease, etc.)?

- yes, please give details
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