childhood (Frazier, Olson, Schneider, et al, 2016). The most common ovarian tumors are the mature cystic teratomas, followed by dysgerminomas and yolk sac tumors. The most common testicular tumors are yolk sac tumors, followed by teratomas. In general, most teratomas and localized gonadal tumors that are surgically resected can be observed without the need for further therapy. For patients with more advanced disease, the use of chemotherapy has produced excellent results.

Nursing Care Management

To supplement routine health assessment, every adolescent male should know how to perform frequent testicular self-examination to familiarize himself with his own anatomy and to ensure early detection of any abnormality. Ideally self-examination should be performed once a month beginning when physical development reaches Tanner stage 3, usually about 13 or 14 years old (see Fig. 15-3). Each testicle is examined individually, preferably after a warm bath or shower (when scrotal skin is more relaxed), using the thumbs and fingers of both hands and applying a small amount of firm, gentle pressure. The normal testicle is a firm organ with a smooth egg-shaped contour. The epididymis can be palpated as a raised swelling on the superior aspect of the testicle and should not be confused with an abnormality.

Liver Tumors

Liver tumors account for 1% of all childhood cancers; the most common histologic subtype is hepatoblastoma (Agarwala, 2012). Surgical resection is the treatment of choice for these tumors but is usually performed after the administration of chemotherapy to make the tumor resection more successful (Meyers, Trobaugh-Lotrario, Malogolowkin, et al, 2016). Liver transplantation is often used in unresectable tumors. Survival rates for patients with hepatoblastoma can be as high as 85% with current therapies (Agarwala, 2012).

The Childhood Cancer Survivor

Survival for children with cancer has greatly improved over the