

Testicular Cancer: Screening

April 15, 2011

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Recommendation Summary

Population	Recommendation	Grade
Adolescent and Adult Men	The USPSTF recommends against screening for testicular cancer in adolescent or adult men.	D

Clinician Summary

Population	Adolescent and Adult Males
Recommendation	<p style="text-align: center;">Do Not Screen</p> <p style="text-align: center;">Grade: D</p>
Screening Tests	There is inadequate evidence that screening asymptomatic patients by means of self-examination or clinician examination has greater yield or accuracy for detecting testicular cancer at more curable stages.
Interventions	Management of testicular cancer consists of orchectomy and may include other surgery, radiation therapy, or chemotherapy, depending on stage and tumor type. Regardless of disease stage, over 90% of all newly diagnosed cases of testicular cancer will be cured.
Balance of Harms and Benefits	Screening by self-examination or clinician examination is unlikely to offer meaningful health benefits, given the very low incidence and high cure rate of even advanced testicular cancer. Potential harms include false-positive results, anxiety, and harms from diagnostic tests or procedures.
Relevant USPSTF Recommendations	Recommendations on screening for other types of cancer can be found at https://www.uspreventiveservicestaskforce.org/ .

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org/>.

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[View the Clinician Summary in PDF](#)

Additional Information

Final Evidence Review (September 15, 2010)

Recommendation Information

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Full Recommendation:

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Preface

The U.S. Preventive Services Task Force (USPSTF) makes recommendations about the effectiveness of specific clinical preventive services for patients without obvious related signs or symptoms.

It bases its recommendations on the evidence of both the benefits and harms of the service and an assessment of the balance. The USPSTF does not consider the costs of providing a service in this assessment.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decisionmaking to the specific patient or situation. Similarly, the USPSTF notes that policy and coverage decisions involve considerations in addition to the evidence of clinical benefits and harms.

Rationale

Importance

Testicular cancer (a primary germ-cell tumor of the testis) is the most common cancer among males aged 15 to 34 years. However, with an annual incidence rate of 5.4 cases per 100,000 males, testicular cancer is relatively rare compared with other types of cancer.

Detection

Most cases of testicular cancer are discovered accidentally by patients or their partners. There is inadequate evidence that screening by clinician examination or patient self-examination has a higher yield or greater accuracy for detecting testicular cancer at earlier (and more curable) stages.

Benefits of Detection and Early Intervention

Based on the low incidence of this condition and favorable outcomes of treatment, even in cases of advanced disease, there is adequate evidence that the benefits of screening for testicular cancer are small to none.

Harms of Detection and Early Intervention

Potential harms associated with screening for testicular cancer include false-positive results, anxiety, and harms from diagnostic tests or procedures. The USPSTF found no new evidence on potential harms of screening and concluded that these harms are no greater than small.

USPSTF Assessment

The USPSTF concludes that there is moderate certainty that screening for testicular cancer has no net benefit.

Clinical Considerations

Patient Population Under Consideration

This recommendation applies to asymptomatic adolescent or adult males. The USPSTF did not review the evidence for screening males with a history of cryptorchidism.

Screening Tests

The sensitivity, specificity, and positive predictive value of testicular examination in asymptomatic patients are unknown. Screening examinations performed by patients or clinicians are unlikely to provide meaningful health benefits because of the low incidence and high survival rate of testicular cancer, even when it is detected at symptomatic stages¹.

Treatment

Management of testicular cancer consists of orchietomy and may include other surgery, radiation therapy, and chemotherapy, depending on the disease stage and tumor type. Regardless of disease stage, more than 90% of all newly diagnosed cases of testicular cancer will be cured².

Useful Resources

The National Cancer Institute's Physician Data Query, available at www.cancer.gov/cancertopics/pdq, is a comprehensive database that contains summaries on a wide range of cancer-related topics for health professionals and patients, including testicular cancer screening and treatment.

In 2004, the USPSTF reviewed the evidence for screening for testicular cancer and recommended against screening adolescent or adult males³. In 2009, the USPSTF performed a brief literature review⁴ and found no new evidence that would warrant a change in its recommendation. Therefore, the USPSTF reaffirms its recommendation against screening adolescent or adult males for testicular cancer by clinician examination or patient self-examination. The previous recommendation statement and evidence report, as well as the summary of the updated literature search, are available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/testicular-cancer-screening>.⁵

Response to Public Comments

A draft version of this recommendation statement was posted for public comment on the USPSTF Web site from 21 September through 19 October 2010. Some comments requested clarification about whether the USPSTF's definition of *screening* includes patient self-examination in addition to clinician examination. Other comments expressed concern that this statement might discourage patients with testicular symptoms from seeking appropriate care. In response, the USPSTF revised the Clinical Considerations section to address these issues.

Recommendations of Others

The American Academy of Family Physicians recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males⁶. The American Academy of Pediatrics does not include screening for testicular cancer in its recommendations for preventive health care⁷. Finally, the American Cancer Society does not recommend testicular self-examination⁸.

Members of the U.S. Preventive Services Task Force

Members of the U.S. Preventive Services Task Force at the time this recommendation was finalized† are Ned Calonge, MD, MPH, *Chair* (The Colorado Trust, Denver, Colorado); Kristin Bibbins-Domingo, MD, PhD (University of California, San Francisco, San Francisco, California); Adelita Gonzales Cantu, RN, PhD (University of Texas Health Science Center, San Antonio, Texas); Susan Curry, PhD (University of Iowa College of Public Health, Iowa City, Iowa); Allen J. Dietrich, MD (Dartmouth Medical School, Hanover, New Hampshire); Glenn Flores, MD (University of Texas Southwestern, Dallas, Texas); David Grossman, MD (Group Health Cooperative, Seattle, Washington); George Isham, MD, MS (HealthPartners, Minneapolis, Minnesota); Michael L. LeFevre, MD, MSPH (University of Missouri School of Medicine, Columbia, Missouri); Rosanne M. Leipzig, MD, PhD (Mount Sinai School of Medicine, New York, New York); Joy A. Melnikow, MD, MPH (University of California, Davis, Medical Center, Sacramento, California); Bernadette Melnyk, PhD, RN (Arizona State University College of Nursing & Healthcare Innovation, Phoenix, Arizona); Wanda Nicholson, MD, MPH (Johns Hopkins School of Medicine and Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland); Carolina Reyes, MD (University of Southern California, Los Angeles, California); J. Sanford Schwartz, MD (University of Pennsylvania Medical School and the Wharton School, Philadelphia, Pennsylvania); and Timothy Wilt, MD, MPH (University of Minnesota Department of Medicine and Minneapolis Veteran Affairs Medical Center, Minneapolis, Minnesota).

† For a list of current Task Force members, go to <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/current-members>.

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Source: U.S. Preventive Services Task Force. Screening for testicular cancer: U.S. Preventive Services Task Force reaffirmation recommendation statement. *Ann Intern Med* 2011;154:483-486.

References

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