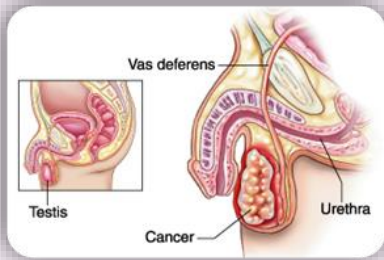




Indian Council of Medical Research National Centre for Disease Informatics & Research Bengaluru



Cancer Awareness Month - April 2018 – Testicular Cancer

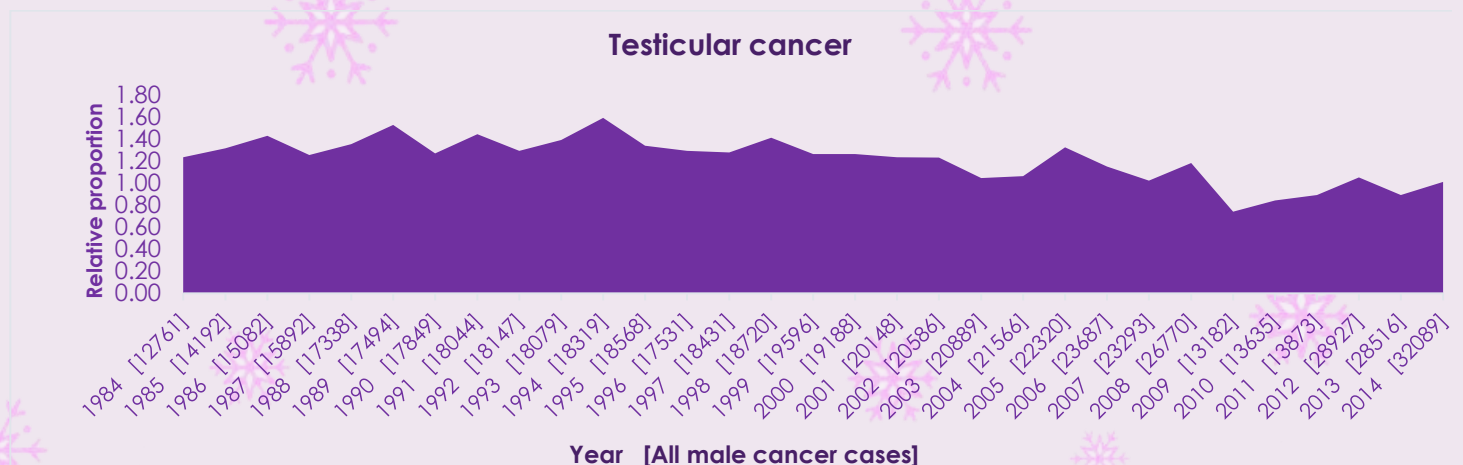


Risk factors - Include an undescended testis, family history of the disease, and previous history of testicular cancer. The most common type is germ cell tumors (can be seminomas and non seminomas). Other types include sex-cord stromal tumors and lymphomas.

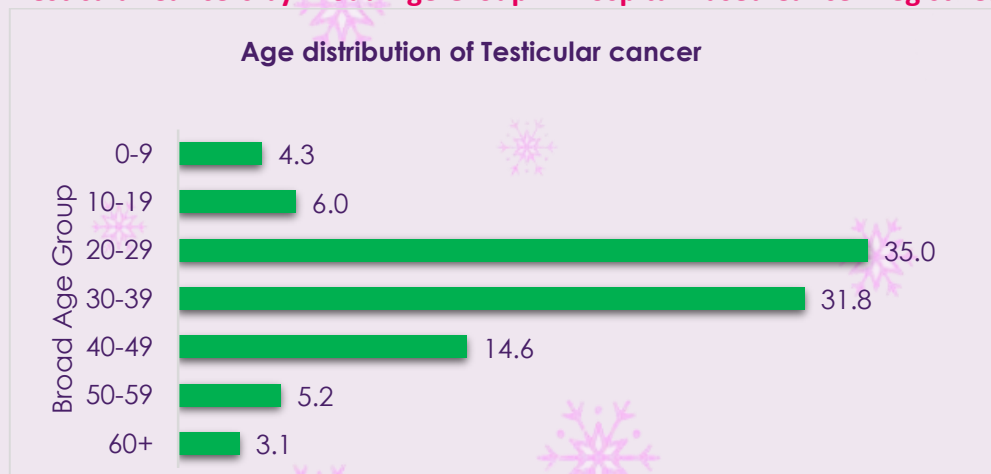
Signs and symptoms - One of the first signs of testicular cancer is often a lump or swelling in the testes, may or may not be painful. Other symptoms are sharp pain or a dull ache in the lower abdomen or scrotum, heaviness in the scrotum and breast enlargement (gynecomastia) and low back pain (lumbago)

Diagnosis is typically based on a physical exam, ultrasound, and blood tests. Surgical removal of the testicle with examination under a microscope is then done to determine the type.

Testicular cancer cases ranges from 0.74 - 1.59 percentage of cases among all cancers in males from Hospital Based Cancer Registries (1984 – 2014)



Proportion of Testicular Cancers by Broad Age Group in Hospital Based Cancer Registries (1984 – 2014)



Treatment: Testicular cancer is treatable and usually curable. Treatment options may include surgery, radiation therapy, chemotherapy, or stem cell transplantation. Even in cases in which cancer has spread widely, chemotherapy often offers a cure rate greater than 80%.

Prognosis: The Five-year survival rate rates is as high as 95% and outcomes are better when disease remains localised.