# key points

SELECTED BY

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**Testicular cancer accounts for 1% of male cancers and is** the most common solid cancer in men aged between 15 and 49 years old. Around 2,300 new diagnoses are made each year in the UK. The estimated lifetime risk of testicular cancer for men born after 1960 is 1 in 215 in the UK. The precise aetiology of testicular cancer is unknown but recognised risk factors include cryptorchidism, family history, previous testicular cancer, Caucasian ethnicity, subfertility and HIV.

**Most men present with a lump that they have identified in** their scrotum. Although the scrotal swelling is usually painless, pain is the first symptom in around 20% of patients, typically a dull or dragging ache in the testicle or a heaviness in the scrotum. Rarely men may present with signs of metastatic testicular cancer which include: an abdominal mass; cervical or supraclavicular lymphadenopathy; back pain; weight loss; cough; shortness of breath; nausea; vomiting; gastrointestinal bleeding; central or peripheral nervous system symptoms.

**Examination should include visual inspection and** palpation of the abdomen for abdominal masses and scars. Orchidopexy is performed through a small groin and scrotal incision and it is important to look for these scars as patients may not recall the surgery being performed in early life. A scrotal examination should be performed lying and standing to determine whether left and right testicles are present in the scrotum and palpate any abnormalities of the testicle. The differential diagnosis includes inguinal hernia, varicocele, epididymal cyst and orchitis.

**NICE recommends that all men who have a non-painful** enlargement or change in shape or texture of their testis should be referred to urology using the two-week wait pathway. In men who have unexplained or persistent testicular symptoms, an urgent direct access testicular ultrasound scan should be requested.

**Scrotal ultrasound is the key investigation to determine** whether there is a solid tumour within the testicle. All men diagnosed with testicular cancer on ultrasound should have a testicular tumour marker blood test. The levels of the markers at diagnosis can help indicate what type of testicular cancer is present and can also be used to evaluate response to treatment. An urgent CT scan of the chest, abdomen and pelvis is necessary to exclude metastatic spread.

**The primary treatment for testicular cancer is usually a** radical orchidectomy and all patients should be offered the opportunity to bank sperm beforehand. Postoperatively, depending on the tumour stage, patients may be offered active surveillance, chemotherapy, radiation or further surgery to remove retroperitoneal lymph nodes. Following treatment GPs should routinely evaluate men for symptoms of hypogonadism and assess hormonal status accordingly.