

Testicular cancer: a preventable disease

EMHF Fact sheet

- Testicular cancer is the most common malignancy in young men – those between 20 and 34 years of age. Estimates suggest around 50,000 cases worldwide, with approximately 21,000 occurring in Europe (1)
- It is more often seen in white populations than in black or Asian ones, and seems to be more likely to affect men from relatively prosperous backgrounds
- Although it is relatively rare (around 1% of cancers in men), it is the number one cancer killer of men in their 20s and 30s. Unfortunately, the incidence of the disease continues to rise worldwide
- Testicular cancer is more frequent in men who have a testicle that has failed to descend and in those with a family history of the disease. It is not associated with vasectomy or sporting injuries. Some scientists increasingly believe that oestrogen-mimicking chemicals in the environment may explain its growing incidence
- Famous men with testicular cancer include snooker player Jimmy White, writer Alexander Solzhenitsyn, and footballers Ebbe Sand (Denmark) and Alan Stubbs (UK)
- The most common type of testicular cancer is a seminoma, which accounts for around 40% of cases. This tends to affect men between the ages of 25 and 55 years and is usually treated with radiotherapy and surgery. However, patients presenting with late-stage disease or cancer that has spread may also require chemotherapy
- Another 40% of cases appear to be of mixed type. However, a small proportion of teratomas (so called germ cell tumours) will affect men between the ages of 15 and 35 years; these tumours may be treated with chemotherapy as well as radiotherapy and surgery
- The availability of platinum-containing (generally cisplatin) chemotherapy regimens has been one of the major advances in the treatment of testicular cancer
- Recurrence is most likely (80–90%) in the first year, with the majority of remaining cases (10–20%) in the second. Only a small minority (~5%) will recur later than this
- This should not worry most men, as over 90% of cases can be cured with initial treatment. Indeed, many men with recurrence can also be cured with chemotherapy or radiotherapy
- Most cases of testicular cancer are self-discovered by patients who find a painless or uncomfortable lump in the testicle. A small number of cases – around 1–3% – involve both testicles and a minority of patients may consult with symptoms, such as back pain or stomach ache, that are due to spread of the disease

- Advances in treatment and detection have led to a proportionate decrease in mortality from testicular cancer. To put it another way, although the actual numbers of deaths are steady or even rising in some countries, these deaths account for an ever lower percentage of the total cases
- However, in some countries – especially those in Eastern Europe – this decline in proportionate mortality is more gradual
- For example, Belarus and the Czech Republic still have death rates of 16% and 14.5%, respectively. In Western European states, the mortality rate appears remarkably uniform – approximately 6% – while the picture in Southern Europe is more varied
- Generally, the epidemiology of testicular cancer is complex and confusing. For example, commentators have suggested that Britain has seen one of the largest decreases in death rate from testicular cancer over the last 20 years (2). However, WHO estimates (1) indicate that the death rate in Britain actually rose in the 3 years between 1997 and 2000
- What is clear is that testicular cancer is almost always curable if discovered early enough. Thus, the reasons why death rates are declining only slowly in Eastern European countries must be investigated and urgently rectified. We also need to know why the disease appears to be on the increase across Europe

Sources

1. Derived from GLOBOCAN 2000 and EUCAN 1997 estimates, www-dep.iarc.fr
2. www.netdoctor.co.uk/news/shownews.asp?artid=53096&search=testicularcancer, accessed 18 July 2002

The EMHF: tackling inequalities in men's health across Europe

The EMHF is an independent, non-profit-making, non-governmental organisation that aims to raise the profile of men's health at both a pan-European level and within individual countries. It encourages Europe-wide national, local and regional organisations (both governmental and non-governmental) to include men's issues in their health policies and practices. It also aims to improve delivery of health services to men and to influence men's health-related behaviours.

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