

- [Testicular Cancer Survival Rates](#)

Questions to Ask About Testicular Cancer

Get some questions you can ask your cancer care team to help you better understand your diagnosis and treatment options.

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Can Testicular Cancer Be Found Early?

- [Testicular self-exam](#)

Most testicular cancers can be found at an early stage, when they're small and haven't spread. In some men, early testicular cancers cause symptoms that lead them to seek medical attention. Most of the time a lump on the testicle is the first symptom, or the testicle might be swollen or larger than normal. But some testicular cancers might not cause symptoms until they've reached an advanced stage.

Most doctors agree that examining a man's testicles should be part of a general physical exam during a routine check-up.

Some doctors recommend that all men examine their testicles monthly after puberty.

- Hold your penis out of the way and examine each testicle separately.

Signs and Symptoms of Testicular Cancer

Early puberty in boys

Some Leydig cell tumors can make androgens (male sex hormones). Androgen-producing tumors may not cause any symptoms in men, but in boys they can cause signs of puberty at an abnormally early age, such as a **deepening voice** and the **growth of facial and body hair**.

Symptoms of advanced testicular cancer

Even if testicular cancer has spread to other parts of the body, many men might not have symptoms right away. But some men might have some of the following:

- **Low back pain**, from cancer spread to the lymph nodes (bean-sized collections of immune cells) in back of the belly.
- **Shortness of breath, chest pain**, or a **cough** (even coughing up blood) may develop from cancer spread in the lungs.
- **Belly pain**, either from enlarged lymph nodes or because the cancer has spread to the liver.
- **Headaches** or **confusion**, from cancer spread in the brain.

Hyperlinks

1. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/imaging-radiology-tests-for-cancer.html
2. www.cancer.org/cancer/types/testicular-cancer/about/what-is-testicular-cancer.html

References

American Society of Clinical Oncology. Testicular Cancer: Symptoms and Signs. 09/2016. Accessed at www.cancer.net/cancer-types/testicular-cancer/symptoms-and-signs on April 27, 2018.

National Cancer Institute. Testicular Cancer Treatment (PDQ®)—Patient Version. July 7, 2016. Accessed at www.cancer.gov/types/testicular/patient/testicular-treatment-pdq on April 27, 2018.

it suggests that there's a testicular tumor.

Rises in levels of AFP or HCG can also help doctors tell which [type of testicular cancer](#)³ it might be.

- Non-seminomas often raise AFP and/or HCG levels.
- Pure seminomas occasionally raise HCG levels but never AFP levels.

This means any increase in AFP is a sign that the tumor has a non-seminoma

returned to the scrotum.

If testicular cancer is found, your doctor will order imaging tests of other parts of your body to check for spread outside the testicle. These tests may also be done before the diagnosis is confirmed by surgery.

Imaging tests

[Imaging tests](#)⁴ use x-rays, magnetic fields, sound waves, or radioactive substances to create pictures of the inside of your body. Ultrasound of the testicles, described above, is a type of imaging test. Other imaging tests may be done for a number of reasons after a testicular cancer diagnosis, including:

- To learn if and how far the cancer might have spread
- To help determine if treatment worked
- To look for possible signs of cancer coming back after treatment

Chest x-ray

Your chest may be x-rayed to see if cancer has spread to your lungs.

Computed tomography (CT) scan

scan). This lets the doctor compare areas of higher radioactivity on the PET with the more detailed images of the CT.

Bone scan

A bone scan can help show if a cancer has spread to the bones. It might be done if there is reason to think the cancer might have spread to the bones (because of symptoms such as bone pain) and if other test results aren't clear.

Hyperlinks

1. www.cancer.org/cancer/types/testicular-cancer/treating/surgery.html
2. www.cancer.org/cancer/types/testicular-cancer/treating/surgery.html
3. www.cancer.org/cancer/diagnosis-staging/tests.html
www.cancer.org/cancer/types/testicular-cancer/about/what-is-testicular-cancer.html

Testicular Cancer Stages

- [How is the stage determined?](#)
- [Stages of testicular cancer](#)

After someone is diagnosed with testicular cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to [treat](#)¹ it. Doctors also use a cancer's stage when talking about survival statistics.

The earliest stage of testicular cancer is stage 0 (also called **germ cell neoplasia in situ**, or GCNIS). The other stage groupings range from I (1) through III (3). There is no stage IV (4) testicular cancer. Some stages are split further to cover more details, using capital letters (A, B, etc.).

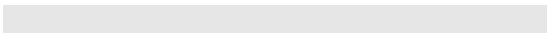
As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage III, means cancer has spread more, eg 1st teshe age III d ifliet srters (ns can0 g 1 0 0 1 72

Numbers or letters after T, N, M, and S provide more details about each of these

		lymph nodes (N0) or to distant parts of the body (M0). All tumor marker levels are within normal limits (S0).
IS	Any pT (or TX) N0 M0 S1-S3	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0). At least one tumor marker level is higher than normal (S1-S3).
II	Any pT (or TX) N1-N3 M0 SX	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to 1 or more nearby lymph nodes (N1-N3), but it hasn't spread to distant parts of the body (M0). Tumor marker test results aren't available, or the tests haven't been done (SX).
IIA	Any pT (or TX) N1 M0 S0 or S1	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to at least 1 nearby lymph node (but no more than 5, if checked by surgery), and none of the lymph nodes are larger than 2 centimeters (cm) across (N1). The cancer has not spread to distant parts of the body (M0). All tumor marker levels are within normal limits (S0), or at least 1 tumor marker level is slightly higher than normal (S1).
IIB	Any pT (or TX) N2 M0 S0 or S1	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to at least 1 nearby lymph node that's larger than 2 cm but no larger than 5 cm across, OR it has grown outside of a lymph node, OR more than 5 nodes contain cancer (found during surgery) (N2). The cancer has not spread to distant parts of the body (M0). All tumor marker levels are within normal limits (S0), or at least 1 tumor marker level is slightly higher than normal (S1).
IIC	Any pT (or TX) N3 M0 S0 or S1	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to at least 1 nearby lymph node that's larger than 5 cm across (N3). The cancer has not spread to distant parts of the body (M0). All tumor marker levels are within normal limits (S0), or at least 1 tumor marker level is slightly higher than normal (S1).

III	Any pT (or TX) Any N M1 SX	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer might or might not have spread to nearby lymph nodes (any N). It has spread to distant parts of the body (M1). Tumor marker test results aren't available, or the tests haven't been done (SX).
IIIA	Any pT (or TX) Any N M1a S0 or S1	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer might or might not have spread to nearby lymph nodes (any N). It has spread to distant lymph nodes or to the lungs (M1a). All tumor marker levels are within normal limits (S0), or at least 1 tumor marker level is slightly higher than normal (S1).
IIIB	Any pT (or TX) N1-N3 M0 S2	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to 1 or more nearby lymph nodes (N1-N3), but it hasn't spread to distant parts of the body (M0). At least 1 tumor marker level is much higher than normal (S2).
	OR	
	Any pT (or TX) Any N M1a S2	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer might or might not have spread to nearby lymph nodes (any N). It has spread to distant lymph nodes or to the lungs (M1a). At least 1 tumor marker level is much higher than normal (S2).
IIIC	Any pT (or TX) N1-N3 M0 S3	The tumor might or might not have grown outside the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to 1 or more nearby lymph nodes (N1-N3), but it hasn't spread to distant parts of the body (M0). At least 1 tumor marker level is very high (S3).
	OR	
	Any pT (or TX)	The tumor might or might not have grown outside the testicle





or distant lymph nodes.

5-year relative survival rates for testicular cancer

These numbers are based on people diagnosed with cancer of the testicle between 2012 and 2018

SEER* stage	5-year relative survival rate
Localized	Not available
Regional	Not available
Distant	Not available
All SEER stages combined	95%

*SEER = Surveillance, Epidemiology, and End Results

Understanding the numbers

- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.
- **These numbers don't take everything into account.** These survival rates are grouped based on how far the cancer has spread. But other factors, including your age and overall health, the [type of testicular cancer](#)¹, and how well the cancer responds to treatment can also affect your outlook. Ask your doctor to explain how these or other factors might be important for you.
- **People now being diagnosed with testicular cancer may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on people who were diagnosed and treated at least five years earlier.

Hyperlinks

1. www.cancer.org/cancer/types/testicular-cancer/about/what-is-testicular-

[cancer.html](#)

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on February 23, 2023.

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Questions to Ask About Testicular Cancer

As you deal with testicular cancer and the process of treatment, you need to be able to have honest, open discussions with your cancer care team. Ask any question, no matter how small it might seem. Among those you might want to ask are:

- What [kind of testicular cancer](#)¹ do I have?
- Has the cancer spread beyond my testicle?
- What is the stage of my cancer? What does this mean for me?
- Will I need other [tests](#) before we can decide on treatment?
- Will I need to see other doctors?
- How much experience do you have treating this type of cancer?
- What are my [treatment choices](#)²? What do you recommend? Why?
- Do I need a [retroperitoneal lymph node dissection](#)³? If so, how many have you done?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or possible side effects can I expect from my treatment?
- How long will it take me to recover from treatment?
- How soon after treatment can I have sex?

- What are the chances I will become [infertile](#)⁴? Should I bank sperm?
- What are the chances that the cancer will come back? What will we do if that happens?
- Does one type of treatment reduce the risk of recurrence (cancer coming back) more than another?
- Should I get a [second opinion](#)⁵ before I start treatment, and when would a second opinion be helpful to me?
- What type of follow-up will I need [after treatment](#)⁶?

Along with these examples, be sure to write down some of your own. For instance, you might want to ask about [clinical trials](#)⁷ for which you may qualify. Keep in mind, too, that doctors are not the only ones who can give you information. Other health care professionals, such as nurses and social workers, may have the answers to your questions. You can learn more about communicating with your health care team in [The Doctor-Patient Relationship](#)⁸.

Hyperlinks

1. www.cancer.org/cancer/types/testicular-cancer/about/what-is-testicular-cancer.html
2. www.cancer.org/cancer/types/testicular-cancer/treating.html
3. www.cancer.org/cancer/types/testicular-cancer/treating/surgery.html
4. www.cancer.org/cancer/types/testicular-cancer/after-treatment/fertility.html
5. www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html
6. www.cancer.org/cancer/types/testicular-cancer/after-treatment.html
7. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
8. www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html

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