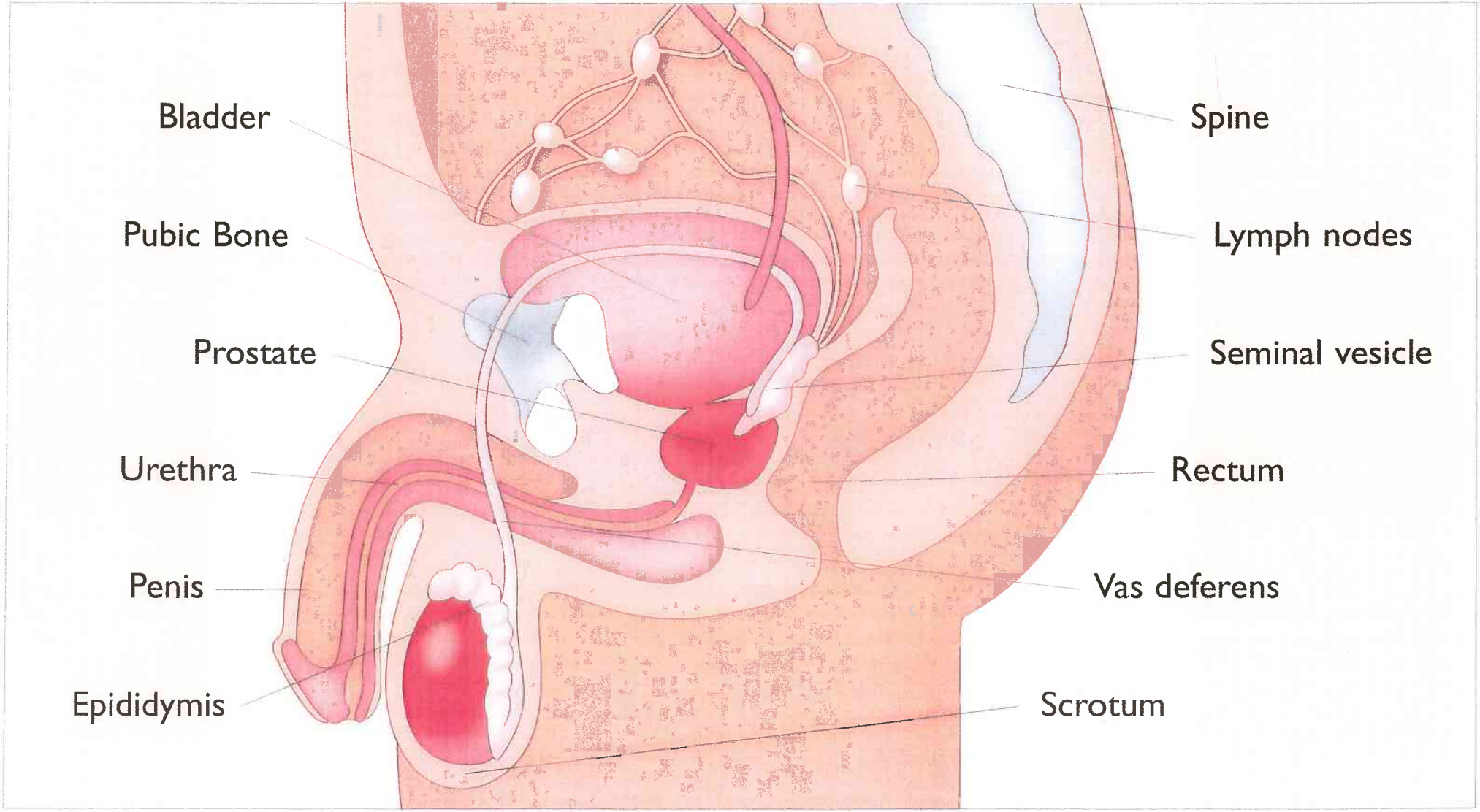
ORCHID
FIGHTING MALE CANCER



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The TSE process itself takes only a few minutes and should be done on a monthly basis. The best time to perform TSE is during or after a warm bath or shower when the scrotal sac is warm and relaxed.

1. Check each testicle separately using one or two hands.
2. Roll each testicle between the thumb and forefinger checking that the entire surface is free of lumps (Fig 1).
3. Become familiar with the feel of the epididymis collecting tube, which runs behind the testicle. This is normal and is often mistaken for new growth. Lumps in the epididymis are more common and almost invariably benign (Fig. 2).
4. Men should be encouraged to see their doctor immediately if they find any new lumps

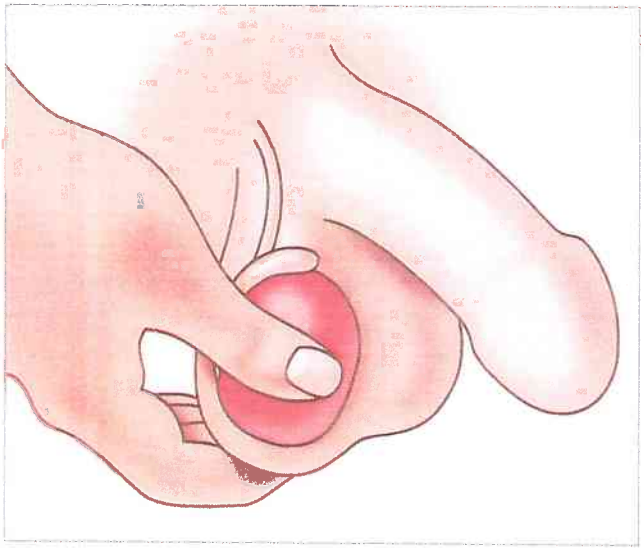

Fig. 1 The entire surface of both testes is felt carefully

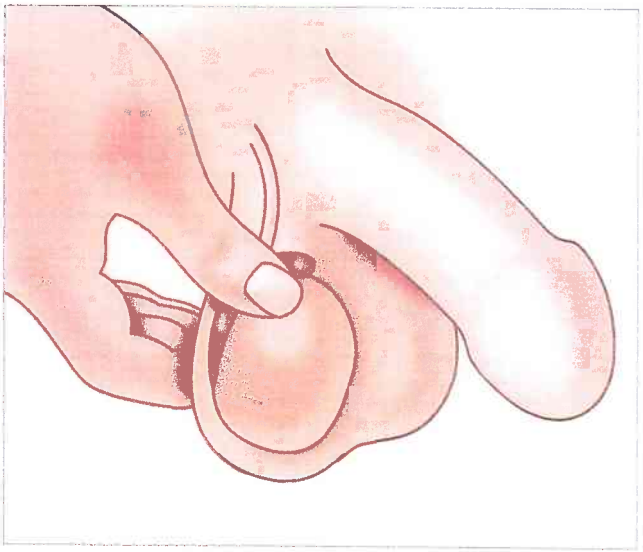

Fig. 2 Be aware of the epididymis, the long, narrow tube, behind each testicle that matures and stores sperm

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Testicular Self Examination (TSE)

This is the easiest way to identify any potential testicular problems. It only takes a few minutes to perform and is best done monthly after you have had a bath or shower, when your scrotum will be warm and relaxed.

1. Check each testicle separately using one or both of your hands (Figure 1).
2. Roll each testicle between the thumb and forefinger to check that the surface is free of lumps or bumps. Do not squeeze!
3. Get to know your balls; their size, texture and anatomy. Identify the epididymis or sperm collecting tube often mistaken for an abnormal lump that runs behind each testicle (Figure 2).
4. Men are encouraged to see a doctor immediately if they find anything unusual.

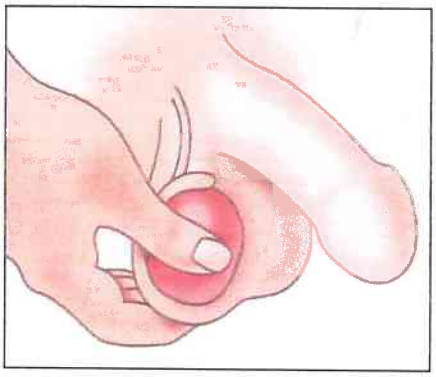

Figure. 1

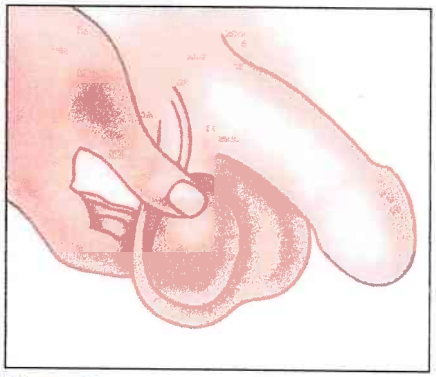

Figure. 2

Orchid plays a leading role in the fight against all three male specific cancers; testicular, prostate and penile through awareness and education campaigns, supporting patients and world class research.

We now offer a range of support services, including leaflets, specialist Factsheets, a newsletter (low-down), an award winning DVD, awareness talks and Orchid Roadshows and an enquiry service led by Orchid Male Cancer Information Nurses; their aim is to support anyone affected by male cancer.

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Testicular Cancer

HIV and Testicular Cancer

This factsheet is for men with the human immunodeficiency virus (HIV) who have been recently diagnosed with testicular cancer. It provides information on testicular cancer, its treatment and management options and examines some of the issues you may come across during the course of your cancer journey.

Managing your anti-HIV treatment alongside treatment for testicular cancer can be complex and you will need to see a different doctor for each treatment. But your out-patient clinic and medical teams should work together. Each hospital or specialist healthcare team will manage your disease slightly differently and the treatment you receive will also be dependent on your general health, the status of your immune system and any other conditions you may have such as hepatitis or TB.

You may wish to take this factsheet with you when you meet your medical team or you can visit the Orchid website for further information.

Who is affected?

Testicular cancer is the most common cancer in men aged 15-35. Every year over 2,000 men will be diagnosed with the disease.

Men with HIV have a slightly higher incidence of testicular cancer (approximately double the risk compared to HIV negatives) although it is not as common as Kaposi's sarcoma and non-Hodgkins lymphoma. The reason for this increased risk in HIV positives is not clear.

What is testicular cancer?

The testicles are located inside the scrotum, the loose bag of skin that hangs below the penis. From the start of puberty, each testicle produces sperm. The testicles also produce the hormone testosterone.

Testicular tumour is a lump created by the abnormal and uncontrolled growth of cells. These lumps can often be found following regular examination of the testicles. They can occur in one or both testicles.

Q. Does having HIV make testicular cancer more difficult to diagnose and treat?

A. Any mass in the testicle should be treated with suspicion and an ultrasound should be performed irrespective of HIV status. One of the difficulties with testicular cancer in HIV positives is it can be difficult to differentiate between abnormalities caused by HIV and cancer. This is particularly true if the HIV infection is advanced, where abnormally large lymph nodes can occur in both conditions. Close collaboration between the HIV doctors, radiologists and the oncologists is required.

What are the different types of testicular cancer?

There are a number of different types of testicular cancer. About 95% of testicular tumours arise from the germ cell epithelium which lines the testicular tubes and are known as germ cell tumours.

The most common of these is seminoma which are made up of a single type of cell, grow slowly and tend to stay localised in the testicle for long periods of time. They tend to affect men over the age of 25. The remaining types, made up of more than one type of cell, are often grouped together and known as non-seminomas. They usually affect younger men and tend to be more aggressive.

Q. My consultant has told me I have a non-seminoma cancer. What does this mean?

A. There are 2 groups of cancer. Non-seminoma testicular cancers include teratoma, embryonal carcinoma, choriocarcinoma and Yolk sac tumours. A non-seminoma testicular cancer may have some teratoma cells and some embryonal carcinoma cells, for example. It is also possible to have pure teratomas. These types of testicular cancer are usually treated in the same way so the exact cell types will not make much difference to you. Some testicular tumours have both seminoma cells and non-seminoma cells.

There are other types of cancer which can start in the testicles but these are rare. The most common cancer found in the testicles in men over 60 is lymphoma.

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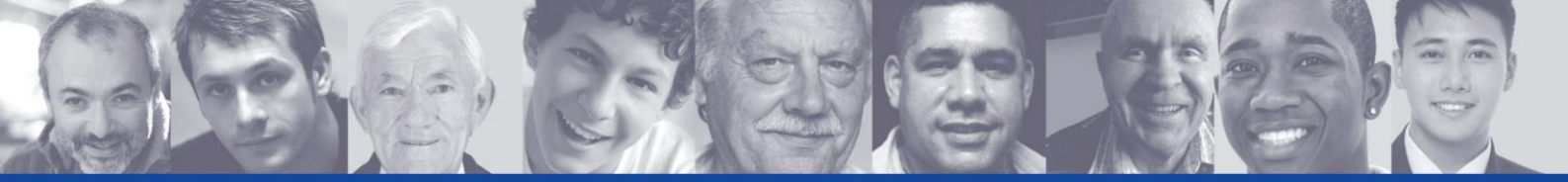


Factsheet No. 1

What are the likely causes of testicular cancer?

There is no single known cause of testicular cancer. However, research studies have shown the following may make testicular cancer more likely:

- An undescended testicle (cryptorchidism). Research has shown the risk of testicular cancer increases dramatically if this is not corrected by the age of 11
- A brother or father who has had testicular cancer
- A previous diagnosis of testicular cancer
- Men who had a rare complication of mumps called orchitis may have an increased risk
- Testicular cancer is more common in some racial and social groups
- Carcinoma in situ (CIS) means that there are abnormal cells in the testicle. If left untreated, it will develop into cancer in about half the men who have it (50%)
- There is some research to indicate that a small number of men with fertility problems may develop testicular cancer

Having a vasectomy, experiencing a single injury to the testicles or being sexually active does not cause testicular cancer.

Treatment options: how is this decided?

Fortunately, testicular cancer is highly treatable in HIV negatives. If caught early, 98% of men will make a full recovery, and even in the later stages of the disease, 90% of men will make a full recovery. Early in the HIV pandemic it was feared that testicular cancer in HIV positives may be more aggressive and associated with a less good outcome. However, more recent data suggests this is not the case. Providing testicular cancer in HIV positives is treated in an identical manner to HIV negatives, the outcome appears to be the same.

Your specialist healthcare team will have carried out a series of blood tests, examinations and scans (such as a CT scan of the chest, abdomen and pelvis) to identify the type of cancer you have and whether it has spread beyond the testicle. This will help to determine the best course of treatment.

Q. I have been diagnosed with stage 2 testicular cancer. What does this mean?

A. Understanding how far your cancer has spread is called staging. It is important to know what stage your cancer is, in order that appropriate treatment may be given and to avoid your cancer spreading to other organs of your body. The stages are: stage 1 - cancer is only in the testicle, stage 2 - cancer has spread to the lymph nodes in the abdomen, stage 3 - there are cancer cells in the lymph nodes in the chest or above the collarbone, stage 4 - cancer has spread to other organs, often the lung.

Treatment options: what are they?

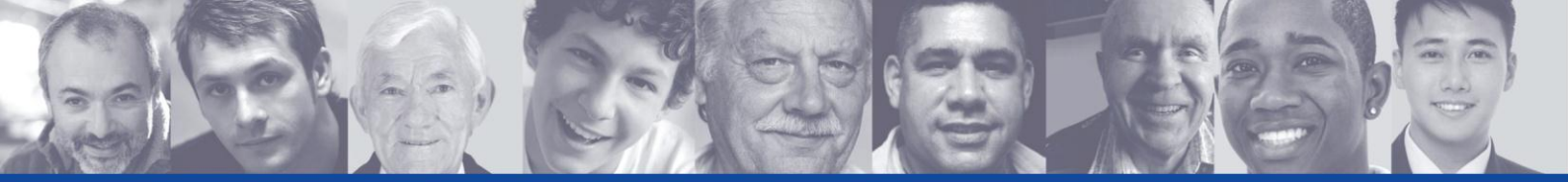
There are 3 possible types of treatment available to you: surgery, radiotherapy and chemotherapy.

Surgery : removing the affected testicle and tumour by surgery (orchidectomy) is the standard treatment for testicular cancer where the cancer has remained within the testicle(s). This is usually done quickly and within a two week period. It will not adversely affect your sexual performance and a prosthesis – or false testicle - can be inserted in place of the removed one. This tends to be performed a few months after the initial operation. Another option is surgery involving a lumpectomy where just the tumour is removed, although this is only possible under specific conditions and is not considered standard treatment in many settings.

After surgery it is not necessary to give any further treatment, providing the cancer has not spread beyond the testicle. This form of treatment is known as surveillance. Unfortunately the cancer returns or relapses (usually at the site of the lymph nodes in the abdomen) in about 30% of patients. This is true for both HIV positives and negatives alike. Almost all of these patients are cured with chemotherapy however the chemotherapy does have side effects and can be bad for your CD4 count (it causes a 50% fall).

Q. What happens if someone has been diagnosed with HIV but not started on a course of anti-HIV medication?

A. Patients with newly diagnosed testicular cancer do not necessarily need to start antiretroviral therapy, even if chemotherapy is required. Starting HAART at this time depends on HIV factors including the CD4 count at the start of therapy. This is because the CD4 count will fall with chemotherapy by about 50%. Therefore close observation of the count is required during chemotherapy.



Therefore some doctors offer either radiotherapy or mild chemotherapy to prevent the cancer coming back. This milder treatment has a much less profound effect on your immune system and some patients opt for this extra treatment for preventative purposes. If you have an early stage non-seminoma you may not receive treatment immediately. It is likely that you will be monitored and treated.

If it is apparent that the cancer has spread beyond the testicle (usually the lym surgery you will almost certainly need chemotherapy. HIV positives have an excellent outcome if treated with the same chemotherapy drugs as their HIV negative counterparts (cisplatin bleomycin and etoposide).These drugs can be bad for your HIV parameters (CD4 count and viral load) in the short term (although a full recovery is seen over 6 months). Therefore close collaboration between the HIV doctors and the oncologists is required and prophylactic treatment against opportunistic HIV related infections may be required.

Q. How long will a course of treatment be for HIV positives with testicular cancer which has spread beyond the testis and required chemotherapy?

A. It depends a bit on the stage but the chemotherapy is usually finished within 3 months and most patients have made a complete recovery (including immune) parameters within 6 months. The chemotherapy should be given in an identical manner to HIV negatives if possible.

Radiotherapy is not widely used in HIV positive testicular cancer patients. If the disease has only spread to a very small number of lymph nodes in the abdomen (stage 2) radiotherapy could be an option, although most oncologists would still advise chemotherapy. Additionally we know that radiotherapy is also bad for the immune parameters.

Once your treatment has stopped you will be monitored on a regular basis for at least five years by your oncologist. CT scans will be performed to make sure the cancer has not come back.

Sex and your treatment

Whether you choose to remain sexually active during your cancer treatment or not is entirely a personal choice and the type of treatment you have will affect you in different ways. You should continue to protect yourself and your partner during this time and there are issues about fertility which you will need to discuss with your specialist healthcare team.

Chemotherapy

Q. Do some antiretroviral drugs (HAART) interact with the chemotherapy?

A. Yes, these interactions are drug specific and predictable. However, it is very important to give the right chemotherapy drugs to ensure the best possible outcome, therefore a change in the antiretroviral therapy may be required.

Q. What happens to the blood count during the cancer treatment?

A. Chemotherapy suppresses all aspects of the immune repertoire in HIV positives and negatives alike. This predisposes chemotherapy patients to bacterial infections which can be serious (neutropaenic sepsis). If you develop a fever while on chemotherapy for testicular cancer seek urgent medical advice.

Q. What else needs to be monitored?

A. The doctors should also monitor your kidney and lung function as well as looking out for signs of nerve damage which can be associated with the chemotherapy.

Conclusion

Remember that treatment for testicular cancer will vary according to the type and stage of your cancer. Every case will vary. For example your treatment may be delayed as it can be more difficult to decide if the cancer has spread beyond the testicle in HIV positives. However, as a rule you should receive identical treatment regimens to HIV negatives, and most patients have an excellent outcome.

For further information and support on testicular cancer and other male cancers please visit www.orchid-cancer.org.uk

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April 2009

ORCHID

Formed in June 1996 by cancer patient Colin Osborne, Orchid exists to save men's lives from testicular, prostate and penile cancers through pioneering research and promoting awareness.

Orchid produces a range of awareness material, including an award winning DVD resource pack, to improve education about cancers that are unique to men, and understanding about how they are treated.

If you would like to know more about Orchid, male cancers, or how you could help, please contact us:

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Aug 09

INFORMATION ON TESTICULAR CANCER

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TESTICULAR CANCER INFORMATION

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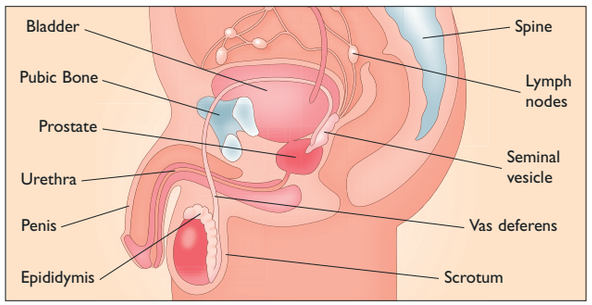
THE PROBLEM

Testicular cancer, though the most common cancer in younger men aged between 15 and 45 is relatively rare compared to cancers such as lung or breast cancer, with nearly 2,000 cases per year, but the rate is increasing. The most common way these cancers are identified is by finding a lump in the testicle. Therefore men in this age group should be encouraged to examine their testicles for lumps on a regular basis. Surveys suggest that many men are unaware of testicular cancer, or prefer to ignore it, and that few people check their testicles.

In over 25% of cases the cancer has already spread by the time of diagnosis. Despite this, today more than 95% of patients are cured with chemotherapy. If caught at an early stage, the treatment is much simpler and may only require surgery to the diseased testicle, the probability of a successful cure is more than 98%.

As well as giving you facts about the risks related to testicular cancer and what you can do it reduce them the aim of this leaflet is to make men aware of what is normal at an early age, so that they can react quickly if they do detect signs of change.



CAUSES AND PREVENTION

Unlike many cancers there are few known strong risk factors for testicular cancer and we cannot currently predict who is likely to get the disease (unlike the link between lung cancer and smoking). While most of these cancers occur in unsuspecting individuals, some risk factors can be traced in a minority of cases.

These include:

- **testicle failing to get into the scrotum**
- **a brother/father with testicular cancer**
- **a sedentary life style increases the risk but regular exercise reduces risk**
- **mumps or repeated trauma (rather than inevitable knocks) increases risk**

WHAT TO LOOK OUT FOR

Though occasionally patients may be diagnosed because they become generally unwell (e.g. with night sweats, loss of appetite and weight loss or persistent backache) due to tumour spread outside the testicle, or develop tenderness in the breast, most testicular cancer is diagnosed because of a lump or swelling in the testicle.

From the time of puberty onwards, it is important that all men are aware of what is normal for themselves (there are slight differences in everybody). It is noticing changes such as areas of hardening or swelling in a testis that indicate a need to do something.

Cradle the scrotum in the palm of both hands and use the thumb and fingers to gently squeeze the testicle, one at a time. Learn to differentiate between the main body and the epididymis collecting tubes *(see diagram)*. Lumps in the collecting tubes are more common and benign. Lumps in the body are rarer but more important and need to be acted on quickly.

One testicle may hang lower than the other and be different in size and even have areas of discomfort without having testicular cancer.

The critical issue is looking for changes in consistency and areas of hardening and swelling, which are usually painless.

WHAT TO DO IF YOU ARE WORRIED

If you do notice any changes, particularly hardening or heaviness, you should not allow your natural embarrassment to delay discussing this with your doctor as soon as possible. Remember, your GP is there to help you.

As most lumps are benign most patients with testicular discomfort don't have cancer. However, if your doctor is worried he may arrange for you to see a surgeon or organise an ultrasound or blood tests first.

If the tests suggest cancer, the affected testicle is usually removed surgically.

LIFE AFTER CANCER DIAGNOSIS

Treatment for testicular cancer should not normally affect your sex life or your fertility. However, as treatment can sometimes be more complicated than is first envisaged, everyone who has not had their desired family is advised to have a sperm check and store sperm until treatment is complete and recovery of sperm has been proven.

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Orchid Wordsearch:

Test your knowledge of golf and male cancer!

1. How many types of male cancer are there?

2. How often should men check their balls for lumps?

3. Which is the highest risk cancer for men aged 15-45?

4. Which is the most common male cancer in the UK?

5. and 6. What two Key factors can help fight cancer?

L	D	B	R	C	F	E	V	R	L	L	F	B	E	W	E	E	P	E	C	F
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7. Who won the 2011 Masters Tournament?

8. Ramsey Golf Club is on which island off the British Isles?

9. What is Tiger Woods full name?

10. Which is the oldest golf course in the world?

11. In which city will the Ricoh Women's British Open take place in 2012?

12. How many minutes does a player have to find a ball before it is deemed to be lost?