Testicular Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- Can Testicular Cancer Be Found Early?
- Signs and Symptoms of Testicular Cancer
- Do I Have Testicular Cancer?
- How Is Testicular Cancer Diagnosed?

Stages of Testicular Cancer

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- Testicular Cancer Stages

Outlook (Prognosis)

Doctors often use survival rates as a standard way of discussing a person's outlook (prognosis). Some people want to know the survival statistics for people in similar situations, while others might not find the numbers helpful, or might even not want to know them.

- 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.

- What Should You Ask Your Doctor About Testicular Cancer?

Can Testicular Cancer Be Found Early?

Most testicular cancers can be found at an early stage. 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 may not cause symptoms until after they have reached an advanced stage.

Most doctors agree that examining a man's testicles should be part of a general physical exam. The American Cancer Society (ACS) recommends a testicular exam as part of a routine cancer-related checkup.

The ACS advises men to be aware of testicular cancer and to see a doctor right away if they find a lump in a testicle. Because regular testicular self-exams have not been studied enough to show they reduce the death rate from this cancer, the ACS does not have a recommendation on regular testicular self-exams for all men. However, some doctors recommend that all men examine their testicles monthly after puberty.

Each man has to decide for himself whether or not to examine his testicles monthly, so instructions for testicular exams are included in this section. If you have certain risk factors that increase your chance of developing testicular cancer (such as an undescended testicle, previous germ cell tumor in one testicle, or a family history), you should seriously consider monthly self-exams and talk about it with your doctor.

Testicular self-exam

The best time for you to examine your testicles is during or after a bath or shower, when the skin of the scrotum is relaxed.

- Hold your penis out of the way and examine each testicle separately.
- Hold your testicle between your thumbs and fingers with both hands and roll it gently between your fingers.
- Look and feel for any hard lumps or nodules (smooth rounded masses) or any change in the size, shape, or consistency of your testicles.

It's normal for one testicle to be slightly larger than the other, and for one to hang lower

than the other. You should also be aware that each normal testicle has a small, coiled tube called the epididymis that can feel like a small bump on the upper or middle outer side of the testis. Normal testicles also contain blood vessels, supporting tissues, and tubes that carry sperm. Some men may confuse these with abnormal lumps at first. If you have any concerns, ask your doctor.

A testicle can get larger for many reasons other than cancer. For example, fluid can collect around the testicle to form a benign condition called a *hydrocele*. Or the veins in the testicle can dilate and cause enlargement and lumpiness around the testicle. This is called a *varicocele*. If your testicle seems larger, have a doctor examine you to be sure you have one of these conditions and not a tumor. The doctor may order an ultrasound exam (see How is testicular cancer diagnosed?). This is an easy and painless way of finding a tumor.

If you choose to examine your testicles regularly, you will become familiar with what is normal and what is different. Always report any changes to your doctor without delay. For more information about non-cancerous conditions that can affect the testicles, see Do I Have Testicular Cancer?

- References

See all references for Testicular Cancer

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Signs and Symptoms of Testicular Cancer

If you have any of these signs or symptoms, see your doctor without delay. Many of these symptoms are more likely to be caused by something other than testicular cancer. (For more information about these conditions, see Do I Have Testicular Cancer?)

But if a tumor is the cause, the sooner it is found, the sooner you can start treatment and the more effective it is likely to be.

Lump or swelling in the testicle

Most often, the first symptom of testicular cancer is a **lump** on the testicle, or the **testicle becomes swollen or larger**. (It's normal for one testicle to be slightly larger than the other, and for one to hang lower than the other.) Some testicular tumors might cause **pain**, but most of the time they do not. Men with testicular cancer can also have a **feeling of heaviness or aching** in the lower abdomen or scrotum.

Breast growth or soreness

In rare cases, germ cell tumors can make breasts grow or become sore. This occurs because certain types of germ cell tumors secrete high levels of a hormone called *human chorionic gonadotropin* (HCG), which stimulates breast development.

Some Leydig cell tumors can make estrogens (female sex hormones), which can cause breast growth or loss of sexual desire.

Early puberty in boys

Some Leydig cell tumors can make androgens (male sex hormones). Androgen-producing tumors may not cause any specific 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 cancers

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 symptoms:

- **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.

A number of non-cancerous conditions, such as testicle injury or inflammation, can cause symptoms similar to those of testicular cancer. Inflammation of the testicle

(known as *orchitis*) and inflammation of the epididymis (e*pididymitis*) can cause swelling and pain of the testicle. Both of these also can be caused by viral or bacterial infections.

Signs of testicular cancer

Some men with testicular cancer have no symptoms at all, and their cancer is found during medical testing for other conditions. Sometimes imaging tests done to find the cause of infertility can uncover a small testicular cancer.

- References

See all references for Testicular Cancer

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How Is Testicular Cancer Diagnosed?

Testicular cancer is usually found as a result of symptoms that a person is having. It can also be found as a result of tests for another condition. Often the next step is an exam by a doctor.

The doctor will feel the testicles for swelling or tenderness and for the size and location of any lumps. The doctor will also examine your abdomen, lymph nodes, and other parts of your body carefully, looking for any possible signs of cancer spread. Often the results of the exam are normal aside from the testicles. If a lump or other sign of testicular cancer is found, testing is needed to look for the cause.

Ultrasound of the testicles

An ultrasound is often the first test done if the doctor thinks you might have testicular cancer.

This test uses sound waves to produce images of internal organs. A transducer (wand-like instrument) gives off sound waves and picks up the echoes as they bounce off the organs. A computer creates an image on a monitor from the pattern of the echoes.

The pattern of echoes can be used to distinguish certain benign conditions (like hydrocele or varicocele), from a solid tumor that could be a cancer. If the lump is solid, then it's more likely to be a cancer, so the doctor will recommend further tests or even surgery to remove the testicle.

Ultrasound is an easy test to have and it uses no radiation. You are on your back on a table as the technician moves the transducer along the skin of the scrotum. Usually, the skin is first lubricated with gel.

Blood tests for tumor markers

Some blood tests can help diagnose testicular tumors. Many testicular cancers make high levels of certain proteins called tumor markers, such as alpha-fetoprotein (AFP) and human chorionic gonadotropin (HCG). When these tumor markers are in the blood, it suggests that there is a testicular tumor.

Rises in AFP or HCG can also help doctors tell which type of testicular cancer it might be. Non-seminomas often raise AFP and/or HCG levels. Pure seminomas occasionally raise HCG levels but never AFP levels, so any increase in AFP means that the tumor has a non-seminoma component. (Tumors can be mixed and have areas of seminoma and non-seminoma.) Sertoli and Leydig cell tumors do not make these substances. Some cancers are too small to elevate levels of these tumor markers.

A testicular tumor might also increase the levels of an enzyme called *lactate dehydrogenase* (LDH). LDH levels can also be increased in conditions other than cancer. A high LDH level often (but not always) indicates widespread disease.

Tumor marker tests sometimes are also used for other reasons, such as to help estimate how much cancer is present (see " How is testicular cancer staged?"), to follow the patient's response to treatment, or to look for signs the tumor might have returned.

Surgery to diagnose testicular cancer

Most types of cancer are diagnosed by removing a small piece of the tumor and looking at it under a microscope for cancer cells. This is known as a *biopsy*. But a biopsy is rarely done for a testicular tumor because it might risk spreading the cancer. The doctor can often get a good idea of whether it is testicular cancer based on the ultrasound and blood tumor marker tests, so instead of a biopsy the doctor will very likely recommend surgery to remove the tumor as soon as possible.

The operation to remove a testicular tumor or cancer is called a *radical inguinal orchiectomy*. In this procedure, the surgeon makes a cut (incision) just above the pubic area and then removes the entire tumor along with the testicle and spermatic cord. The spermatic cord contains part of the vas deferens, as well as blood and lymph vessels that could act as pathways for testicular cancer to spread to the rest of the body. To lessen the chance that cancer cells will spread, these vessels are tied off early in the operation.

The entire specimen is sent to the lab, where a pathologist (a doctor specializing in laboratory diagnosis of diseases) looks at pieces of the tumor under a microscope. If cancer cells are found, the pathologist sends back a report describing the type and extent of the cancer.

In rare cases, when a diagnosis of testicular cancer is uncertain, the doctor may biopsy the testicle before removing it. This is done in the operating room. The surgeon makes a cut above the pubic area, withdraws the testicle from the scrotum, and examines it without cutting the spermatic cord. If a suspicious area is seen, a portion of it is removed and looked at right away by the pathologist. If cancer is found, the testicle and spermatic cord are then removed. If the tissue is not cancerous, the testicle can often be returned to the scrotum, and treatment will be surgery to remove only the tumor or the use of appropriate medicines.

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 ordered before the diagnosis is confirmed by surgery.

Imaging tests

Imaging tests 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 how far cancer might have spread
- To help determine if treatment has been effective
- To look for possible signs of cancer coming back after treatment

Computed tomography (CT) scan

CT scans can be used to help determine the stage (extent) of the cancer by showing if it

has spread to the lymph nodes, lungs, liver, or other organs.

The CT scan uses x-rays to produce detailed cross-sectional images of your body. Instead of taking one picture, like a standard x-ray, a CT scanner takes many pictures of the part of your body being studied as it rotates around you. A computer then combines these pictures into an image of a slice of your body. Before the test, you might be asked to drink a contrast solution and/or get an intravenous (IV) injection of a contrast dye that helps better outline structures in the body. You may need an IV line to inject the contrast dye. The injection can cause some flushing (redness and a warm feeling that often lasts seconds). Some people are allergic to the dye and get hives. Rarely, more serious reactions like trouble breathing and low blood pressure can occur. Medicine can be given to prevent and treat allergic reactions. Be sure to tell the doctor if you have any allergies or if you have ever reacted to any contrast material used for x-rays.

A CT scanner has been described as a large donut, with a narrow table that slides in and out of the middle opening. You need to lie still on the table while the scan is being done. CT scans take longer that regular x-rays, and you might feel a bit confined by the ring you have to lie in while the pictures are being taken.

CT guided needle biopsy: CT scans are sometimes used to guide a biopsy needle precisely into a suspected area of cancer spread. For this procedure, you stay on the CT scanning table while a doctor advances a biopsy needle through the skin toward the mass. CT scans are repeated until the doctor can see that the needle is within the mass. A fine needle biopsy sample (tiny fragment of tissue) or a core needle biopsy sample (a thin cylinder of tissue) is then removed and examined under a microscope.

Magnetic resonance imaging (MRI) scan

MRI scans are particularly helpful in looking at the brain and spinal cord. They are only done in patients with testicular cancer if the doctor has reason to think the cancer might have spread to those areas.

Like CT scans, MRI scans provide detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays. The energy from the radio waves is absorbed and then released in a pattern formed by the type of body tissue and by certain diseases. A computer translates the pattern into a very detailed image of parts of the body. A contrast material might be injected just as with CT scans. MRI scans take longer than CT scans – often up to an hour – and are a little more uncomfortable. You lie on a table that slides inside a narrow tube, which is confining and can upset people with a fear of enclosed spaces. Special, more open MRI machines can help with this if needed, but the images may not be as sharp in some

cases. The MRI machine makes buzzing and clicking noises, so some places will provide earplugs to help block this out.

Positron emission tomography (PET) scan

A PET scan can help spot small collections of cancer cells in the body. It is sometimes useful to see if lymph nodes that are still enlarged after chemotherapy contain cancer or are just scar tissue. PET scans are often more useful for seminomas than for non-seminomas, so they are less often used in patients with non-seminoma.

For this test, a form of radioactive sugar (known as *fluorodeoxyglucose* or FDG) is injected into a vein (IV). (The amount of radioactivity is very low and will pass out of the body over the next day or so.) Because of the way cancer cells in the body grow rapidly, they often take up and use more of the radioactive sugar. After about an hour, you will be moved onto a table in the PET scanner. You lie on the table for about 30 minutes while a special camera creates a picture of areas of radioactivity in the body. The picture is not finely detailed like a CT or MRI scan, but it can provide helpful information about your whole body.

Many centers have special machines that can do both a PET and CT scan at the same time (PET/CT scan). This lets the doctor compare areas of higher radioactivity on the PET with the more detailed appearance of that area on 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.

For this test, a small amount of low-level radioactive material is injected into a vein (IV). The substance settles in areas of bone changes throughout the entire skeleton over the course of a couple of hours. Then, you lie on a table for about 30 minutes while a special camera detects the radioactivity and creates a picture of your skeleton.

Areas of active bone changes attract the radioactivity and show up as “hot spots.” These areas may suggest metastatic cancer, but arthritis or other bone diseases can also cause the same pattern. To distinguish among these conditions, your cancer care team may use other imaging tests such as plain x-rays or MRI scans to get a better look at the areas that light up, or they may even take biopsy samples of the bone.

- References

See all references for Testicular Cancer

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Testicular Cancer Stages

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 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 main stages range from I (1) through III (3). There is no stage IV (4) testicular cancer. Some stages are split further, 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. And within a stage, an earlier letter means a lower stage. Although each person’s cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

The staging system most often used for testicular cancer is the American Joint Committee on Cancer (AJCC) **TNM** system, which is based on 4 key pieces of information:

- The size and extent of the main **tumor (T):** How large is the tumor? Has it grown into nearby structures or organs?
- The spread to nearby lymph **nodes (N):** Has the cancer spread to nearby lymph nodes? How large are they, and how many are affected?
- The spread (**metastasis**) to distant sites **(M):** Has the cancer spread to distant parts of the body? (The most common sites of spread are distant lymph nodes, the bones, the liver, and the lungs.)

- The **serum** (blood) levels of tumor markers **(S):** Are any tumor marker levels higher than normal? This includes lactate dehydrogenase (LDH), human chorionic gonadotropin (HCG), and alpha-fetoprotein (AFP).

Numbers or letters after T, N, M, and S provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, M, and S categories have been determined, this information is combined in a process called stage grouping to assign an overall stage. For more information, see Cancer Staging.

The system described below is the most recent AJCC system, effective as of January 2018. It is used for germ cell tumors (seminomas and non-seminomas) that occur after puberty, and for sex cord stromal tumors (Leydig cell tumors and Sertoli cell tumors).

Testicular cancer might be given a **clinical T** category (written as cT) based on the results of a physical exam, biopsy, and imaging tests (as described in How Is Testicular Cancer Diagnosed?). Once surgery is done, the **pathologic T** category (written as pT) is determined by examining tissue removed during the operation.

Testicular cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

Stages of testicular cancer

AJCC Stage	Stage grouping	Stage description*
0	**pTis N0 M0 S0**	The cancer is only in the seminiferous tubules (small tubes inside each testicle). It has not grown into other parts of the testicle (pTis). It has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0). All tumor marker levels are within normal limits (S0).
I	**pT1-pT4 N0 M0 SX**	The tumor has grown beyond the seminiferous tubules, and might have grown outside of the testicle and into nearby structures (pT1-pT4). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0). Tumor marker test results aren't available, or the tests haven't been done (SX).
IA	**pT1 N0 M0 S0**	The tumor has grown beyond the seminiferous tubules, but is still within the testicle, and it has not grown into nearby blood vessels or lymph nodes (pT1). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0). All tumor marker levels are within normal limits (S0).

IB	**pT2-pT4 N0 M0 S0**	The tumor has grown outside of the testicle and into nearby structures (pT2-pT4). The cancer has not spread to nearby 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 of 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 of the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to one or more nearby lymph nodes (N1-N3), but it has not 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 of 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 one 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 one 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 of 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 one nearby lymph node that is 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 one 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 of 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 one nearby lymph node that is 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 one 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 of 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 of 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 one 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 of the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to one or more nearby lymph nodes (N1-N3), but it has not spread to distant parts of the body (M0). At least one tumor marker level is significantly higher than normal (S2).
	OR	
	Any pT (or TX) Any N M1a S2	The tumor might or might not have grown outside of 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 one tumor marker level is significantly higher than normal (S2).
IIIC	**Any pT (or TX) N1-N3 M0 S3**	The tumor might or might not have grown outside of the testicle (any pT), or the extent of the tumor can't be assessed for some reason (TX). The cancer has spread to one or more nearby lymph nodes (N1-N3), but it has not spread to distant parts of the body (M0). At least one tumor marker level is very high (S3).
	OR	
	Any pT (or TX) Any N M1a S3	The tumor might or might not have grown outside of 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 one tumor marker level is very high (S3).
	OR	
	Any pT (or TX) Any N M1b Any S	The tumor might or might not have grown outside of 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 other than the lymph nodes or to the lungs (M1b). Tumor marker levels might or might not be higher than normal

		(any S).

*The following additional category is not listed on the table above:

- **NX:** Nearby lymph nodes cannot be assessed due to lack of information.
- References

American Joint Committee on Cancer. Testis. In: *AJCC Cancer Staging Manual*. 8th ed. New York, NY: Springer; 2017: 727-735.

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Testicular Cancer Survival Rates

Doctors often use survival rates as a standard way of discussing a person's prognosis (outlook). Some patients with cancer may want to know the survival statistics for people in similar situations, while others may not find the numbers helpful, or may even not want to know them. If you don't want to know them, stop reading here and skip to the next section.

The 5-year survival rate refers to the percentage of patients who live at least 5 years after their cancer is diagnosed. Of course, many people live much longer than 5 years (and many are cured).

Five-year *relative* survival rates assume that some people will die of other causes and compare the observed survival with that expected for people without the cancer. This is a better way to see the impact of the cancer on survival.

In order to get 5-year survival rates, doctors have to look at people who were treated at least 5 years ago. Improvements in treatment since then may result in a more favorable outlook for people now being diagnosed with testicular cancer.

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they cannot predict what will happen in any particular person's case. Many other factors may affect a person's outlook, such as your age and how well

the cancer responds to treatment. Your doctor can tell you how the numbers below may apply to you, as he or she is familiar with your particular situation.

Survival rates, by stage

The survival statistics below come from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) database, and are based on patients who were diagnosed with testicular cancer (of any type) between 2003 and 2009.

The SEER database does not divide survival rates by AJCC TNM stage. Instead, it divides cancers into summary stages: localized, regional, and distant:

- **Localized** means that the cancer is still only in the testicle. This includes most AJCC stage I tumors (stage 0 cancers are not included in these statistics).
- **Regional** means that the cancer has spread to nearby lymph nodes or tissues. This includes T4 tumors and cancers with lymph node spread (all stage II cancers and some stage IIIB and IIIC cancers).
- **Distant** means that the cancer has spread to organs or lymph nodes away from the tumor, such as all M1 cancers (which can be stage IIIA, IIIB, or IIIC).

Stage	5-Year Relative Survival Rate
Localized	99%
Regional	96%
Distant	73%

Other prognostic factors

As can be seen in the table above, how far the cancer has spread at the time it's diagnosed can affect your chances of long-term survival. But in general, the outlook for testicular cancers is very good, and most of these cancers can be cured, even if they have spread.

Some other factors can also affect outlook, such as:

- The type of testicular cancer
- Levels of tumor markers after the testicular tumor has been removed

Ask your doctor how these or other prognostic factors might affect your outlook.

- References

See all references for Testicular Cancer

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What Should You Ask Your Doctor About Testicular Cancer?

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

- What kind of testicular cancer do I have?
- Has my cancer spread beyond the 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? What do you recommend? Why?
- Do I need a retroperitoneal lymph node dissection? 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? Should I bank sperm?
- What are the chances that my 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 before I start treatment, and when would a second opinion be helpful to me?

- What type of follow-up will I need after treatment?

Along with these sample questions, be sure to write down some of your own. For instance, you might want to ask about clinical trials 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 find more information about communicating with your health care team in Talking With Your Doctor.

- References

See all references for Testicular Cancer

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