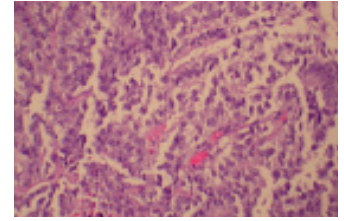


Testicular Cancer

Non-Seminoma Carcinoma of the Testis

What is non-seminoma carcinoma of the testis?

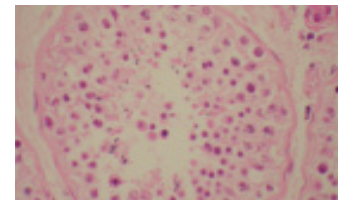
Non-seminoma carcinoma of the testis is a type of testicular cancer that forms in specialized sex cells called germ cells. Non-seminomas include mixed germ cell tumors (the most common), embryonal carcinoma, teratoma, choriocarcinoma, and yolk sac tumors. About 60 percent of the 8,500 testicular cancers diagnosed each year are non-seminomas. Non-seminoma carcinoma can occur in one or both testicles. The cure rate is 70 to 95 percent, depending upon how extensively the cancer has spread. Nearly 140,000 men in the United States have survived testicular cancer, according to the American Cancer Society.



Embryonal carcinoma of the testis, a form of non-seminoma carcinoma.

Who is likely to have non-seminoma carcinoma of the testis?

Testicular cancer is the most common form of cancer among young men. It can occur in boys as well but rarely. White-American men have about five times the risk of testicular cancer as African-American men and about twice the risk of Asian-American men. The occurrence of this cancer among white men also has doubled over the past 40 years. The reasons for this increased occurrence are unknown.



Normal testicular cells.

Risk factors include a medical history of undescended testicles, abnormal testicular development, Klinefelter's syndrome (a sex chromosome disorder), or previous testicular cancer. Other possible risk factors include human immunodeficiency virus (HIV) infection and a family history of testicular cancer.

Definitions

Germ cell:

Cells that produce sperm. Ninety percent of testicular cancers start here.

Testicle:

The male reproductive organ that produces sperm and the hormone testosterone.

Scrotum:

A sack of loose skin holding the testicles, located directly below the penis.

Malignant:

Cancerous and capable of spreading.

Pathologist:

A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

What characterizes non-seminoma carcinoma of the testis?

These tumors are often confined to the testicles but may spread to the lymph nodes and beyond. Symptoms include:

- A painless lump or swelling in either testicle
- A change in how the testicle feels. An ache in the lower abdomen or groin
- A sudden fluid build-up in the scrotum
- Pain, discomfort, or a feeling of heaviness in the scrotum

Sometimes, no symptoms occur.

How does the pathologist make the diagnosis?

If the initial tests point toward cancer, a surgeon will remove the testicle containing the unusual mass to obtain an orchiectomy (*testis removal*) *specimen* for the pathologist to examine. The surgeon also may gather lymph nodes from the abdominal area for the pathologist to examine to determine if the cancer has spread. Your pathologist also may review a *chest x-ray* or *CT scan* results to see if the cancer has spread beyond the lymph nodes and to correlate these findings with the orchiectomy specimen. With the results of the orchiectomy and all tests, the pathologist can determine the type and *stage* of the cancer. Stage 1 cancers are confined to the testicle, stage 2 to the lymph nodes in the abdomen, and stage 3 beyond the lymph nodes.

For more information, go to www.cancer.gov (National Cancer Institute) or www.nlm.nih.gov/medlineplus (US Library of Medicine). Type the keywords *testicular cancer* or *non-seminoma carcinoma of the testis* into the search box.



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