Testicular Tumors Multi-disciplinary Approach and Follow up

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Testicular tumor is one of the commonest male tumor[1] reported highest from Switzerland (8.3/100000) and least from China (0.6/100000)[2]. It is the commonest male tumor between 15-35 years of age[3]. The incidence of testicular tumor is reported to be rising steadily over the last decades[4]. Majority of these testicular tumors are of germ cell type, clinically aggressive yet potentially curable[5,6]. Overall survival has improved from 10% in 1970s to 90% in 1990s. Disease free survival, mortality, clinical remission rate and time to progression are also improved over the years with early surgery followed by combination chemoradiotherapy[3,7]. The prognostic markers are histologic variant, clinical stage at diagnosis and serum level of tumor markers (Alpha feto protein, HCG-hurnan chorionic gonadotrophin, LDH-lactate dehydrogenase)[3]. Testicular tumors are now regarded as one of the most curable solid turn or[3].

Testicular tumors were found to be 1.7% to 3.8% of male malignant tumors from all over the country in different studies reported[8-11]. The local population based data also indicates an incidence of 0.7/100000[10]. Testicular tumor is a disease of young age, mainly of germ cell type[11-13] in our local population as also described in an article appearing in this same issue of JPMA.

Testicular tumors present mainly as painless swelling[14], making an early correct diagnosis rather impossible. The patient sees a qualified doctor quite late in the course of disease due to lack of awareness, social taboos, economic reasons etc. Patients are usually young, with no co-morbid pathology, a reasonably good life expectancy and a potentially curable disease if managed correctly and in time. There is a high risk of second subsequent tumor on the contra-lateral side[15]. A good number of cases are operated upon with no pre-operative or post-operative clinical staging or a follow up treatment with radiotherapy or combination chemotherapy, whichever is appropriately indicated.

It is thus emphasized that practical, justifiable and standard management of testicular tumor is far beyond mere surgical resection of a testicular mass. It requires appropriate clinical and pathological (Surgical) staging,

regular follow up with roentgenograms, sonograrns, CT scan, MRI and isotope bone scans. An aggressive treatment plan comprising of Combination chemotherapy and/or radiotherapy should be instituted as and when required at the earliest indication. A combined modality approach with a joint involvement of surgeon, medical oncologist and radio-therapist is ideal right from the start of diagnostic work up. A comprehensive and timely intervention by multi-disciplinary' approach along with a good basic primary health care delivery system are the only ways to reduce the number of cases of testicu far tumors in clinical stage IV, so often seen in Oncology practice.

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