THE CANADIAN ASSOCIATION
OF GENERAL PRACTITIONERS
IN ONCOLOGY
CAGPO

L'ASSOCIATION CANADIENNE
DES MÉDECINS OMNIPRATICIENS
EN ONCOLOGIE
ACMOO

TESTICULAR CANCER CASE

Case #1

Testicular Cancer Case

A 23-year-old man presents with a left testicular mass. Clinical exam and ultrasound are abnormal and suggest a malignancy. He is otherwise asymptomatic.   Preoperative blood work reveals an abnormal AFP of 60 and an HCG of 155. Physical examination, outside of the testicular mass, is normal. He is otherwise healthy and does not take any prescription medication.

1. What tumor type do you suspect and why?
2. How should you investigate this further with respect to staging investigations and referrals?

His CXR is normal. CT scan of the abdomen and pelvis do not show any evidence of metastatic disease. He is referred to a urologist and undergoes a left radical inguinal orchidectomy.   Lymph node dissection is not done.

The pathology shows a mixed germ cell testicular cancer confined to the testicle. There is no evidence of lymphatic/vascular invasion. Tumor markers are now normal two weeks post operatively.

3. What stage of disease does he have?
4. What are the indications for lymph node dissection?
5. What follow-up does he require?
6. What are his chances of being cured with surgery alone?
7. Is there a role for radiation in stage 1 disease?
8. What concerns regarding fertility should be discussed with this patient?

A follow up CT of the abdomen and pelvis 6 months later is now showing an enlarged paraaortic lymph node. CXR is normal. AFP is normal but HCG is now 50. The patient remains asymptomatic.

9. What would be the standard treatment in this situation?
10. What are the major side effects of this chemotherapy?
11. Can this patient expect to be cured now?

At the completion of chemotherapy the CT scan and tumor markers are normal again.

12. Does this patient require further surgery?
13. How would you follow this patient post-chemotherapy for recurrent disease?