Testicular Cancer Awareness and Screening Practices: A Systematic Review

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Testicular cancer (TC) is a rare malignancy that constitutes 0.5% of all new cancer cases and 0.1% of all cancer deaths in the United States. About 1 in every 263 men will develop TC in their lifetime and 8,430 men will be diagnosed with TC in 2015 (National Cancer Institute, 2014a). Men aged 20–34 years are at the highest risk for TC, with a median age of 33 years at diagnosis. However, in the United States, TC has one of the highest cure rates, with a five-year survival rate of 95% (National Cancer Institute, 2014a).

TC screening in asymptomatic males continues to be a controversial issue because of a lack of empirical evidence that supports or discourages the practice (Law, 2004; National Cancer Institute, 2014b). The U.S. Preventive Services Task Force ([USPSTF], 2011) issued a statement against TC screening among asymptomatic males. This statement was based on a Cochrane review conducted by Ilic and Misso (2011) in which no evidence was found regarding the beneficial effect of TC screening on mortality. In addition, it was suggested that TC screening may cause unnecessary anxiety and increase the likelihood of having false-positive findings that would consequently expose men to invasive diagnostic tests. However, key cancer organizations, such as the American Cancer Society ([ACS], 2014c), recommend TC screening as a component of routine cancer-related physical examinations. In the United Kingdom, men are encouraged to be aware of the normal anatomy of their testes (Cancer Research UK, 2014) despite having no evidence to support weekly or monthly testicular self-examination (TSE). Similarly, the Irish Cancer Society (2014) offers infographic material to