



Testicular Cancer

Although overall it is uncommon, testicular cancer is the most common type of cancer in young men age (15-35). The incidence of testicular cancer has been increasing, but mortality rates are improving due to dramatic advances in its treatment. The usual presentation of this cancer is a painless mass.

Risk Factors

- ⇒ Cryptorchidism (*undescended testicle*)
- ⇒ Previous testicular cancer in opposite testis
- ⇒ Testicular atrophy (*shrunk*) or dysgenesis (*congenitally abnormal*)
- ⇒ Family history of testicular cancer

Germ cell cancers account for 95% of testicular cancer and can be subdivided into seminomas and nonseminomas. Non-germ cell cancers such as lymphoma account for the other 5% and can be from several different cell types.

Tumor markers for testicular cancer are AFP (*alpha fetoprotein*) and hCG (*human chorionic-gonadotropin*). The best use of these tumor markers is for the early detection of cancer relapse.

Staging

Stage I	Tumor confined to the testis
Stage II	Metastasis to retroperitoneal lymph nodes
Stage III	Metastasis to supradiaphragmatic lymph nodes or other organs

Radical orchiectomy (*removal of the testis*) is the initial treatment for testicular cancer. Those with early seminomas are treated with radiation, while advanced seminomas and nonseminomas are treated with chemotherapy.

Underwriting considerations for testicular cancer absent other impairments, with no further evidence of cancer and adequate routine follow-up care:

Stage I testicular cancer can be considered as soon as treatment is completed. The first year rating is Tumor Table D at \$5x3; second year \$5x2; third year \$5x1.

Stage II testicular cancers will be postponed for 0-2 years following completion of treatment; and Stage III will be postponed 2 - 4 years, depending on the severity of the disease. There will be an additional permanent +55 and the temporary extra will be higher than for Stage I disease.

To get an idea of how a client with a history of testicular cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" *per* underwriter on the reverse side for an informal quote.

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