Screening for Testicular Cancer: A Brief Evidence Update for the U.S. Preventive Services Task Force

Methods

We searched MEDLINE® for articles focusing on meta-analysis, systematic reviews, randomized controlled trials (RCTs), and controlled trials or well-designed cohort or case control studies reporting demonstrable health outcomes (morbidity and/or mortality) in humans that were published in English between the years 1994 and 2001. The Cochrane Library and National Guideline Clearinghouse were also searched for pertinent articles or recommendations.

The search strategy employed for MEDLINE combined the exploded MeSH heading of Testicular Neoplasm with Germinoma (limited to male) and crossed the result with Mass Screening, yielding 19 articles. These articles were further limited to RCTs by the exploded headings—randomized controlled trial/single-blind method/double-blind method/random allocation, for which no articles were identified. Limiting to reviews also identified no articles.

Key Questions and Results

1. Does screening for testicular cancer lead to decreased morbidity and mortality from testicular cancer?

We found no studies that addressed morbidity or mortality benefits of screening for testicular cancer.

2. Is there evidence of harms associated with screening for this disease?

We found no studies that addressed the harms associated with screening for testicular cancer.

Summary

Testicular cancer is an uncommon disease in those without predisposing risk factors. With current treatment regimens, outcomes are very favorable, with 5-year survival greater than 90%. Although prognosis may be better for individuals with less advanced disease, there has been no substantive research in the past 6 years to shed new light on the real benefits of screening for testicular cancer. One of the reviewers indicated that there were more data available for predicting development of contralateral cancer by screening for cancer in situ.^{3,4} The reviewer acknowledged a disagreement between the United States and Europe's health policies on this data; readers may form their own conclusions. No ongoing research was identified in this review.

No statement in this article should be construed as an official position of AHRQ or the U.S. Department of Health and Human Services.

Systematic Evidence Reviews serve as the basis for U.S. Preventive Services Task Force (USPSTF) recommendations on clinical prevention topics. The USPSTF tailors the scope of these reviews to each topic. The USPSTF determined that a brief, focused evidence review was needed to assist in updating its 1996 recommendations on screening for testicular cancer.¹

To assist the USPSTF, Joe Scattoloni of the Research Triangle Institute-University of North Carolina (RTI-UNC) Evidence-based Practice Center, under contract to the Agency for Healthcare Research and Quality (AHRQ), performed a targeted review of the literature from 1994 to 2001. This brief evidence update and the updated recommendation statement² are available through the AHRQ Web site (www.preventiveservices.ahrq.gov), and in print through subscription to the *Guide to Clinical Preventive Services*, *Third Edition: Periodic Updates*. The subscription costs \$60 and can be ordered through the AHRQ Publications Clearinghouse (call 1-800-358-9295, or e-mail ahrqpubs@ahrq.gov). The recommendation is also posted on the Web site of the National Guideline ClearinghouseTM (www.guideline.gov).

Recommendations of Other Groups

The Canadian Task Force on Preventive Health Care recommendations can be accessed at: http://www.ctfphc.org.

The American Academy of Family Physicians' recommendations can be accessed at: http://www.aafp.org/afp/20010315/1101.html.

The American Cancer Society recommendations can be accessed at: http://www.cancer.org/docroot/ CRI/content/CRI_2_4_2X_Can_testicular_cancer_ be_prevented_41.asp?sitearea=.

References

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