U.S. Preventive Services Task Force

Screening for Testicular Cancer: Recommendation Statement

U.S. PREVENTIVE SERVICES TASK FORCE

This is one in a series excerpted from the Recommendation Statements released by the U.S. Preventive Services Task Force (USPSTF). These statements address preventive health services for use in primary care clinical settings, including screening tests, counseling, and chemoprevention. The complete statement is available in HTML and PDF formats through the *AFP* Web site at http://www.aafp.org/afp/20051115/us.html. This statement is part of *AFP*'s CME. See "Clinical Quiz" on page 1961.

EB CME

This clinical content conforms to AAFP criteria for evidence-based continuing medical education (EB CME). EB CME is clinical content presented with practice recommendations supported by evidence that has been systematically reviewed by an AAFP-approved source. The practice recommendations in this activity are available online at http://www.ahrq.gov/clinic/uspstf/uspstest.htm.

This statement summarizes the U.S. Preventive Services Task Force (USPSTF) recommendation on screening for testicular cancer and the supporting scientific evidence and updates the 1996 recommendations contained in the *Guide to Clinical Preventive Services,* 2d ed.[1] In 1996, the USPSTF found insufficient evidence to recommend for or against routine screening for testicular cancer in asymptomatic men in the general population by physician examination or self-examination (C recommendation). Recommendations to discuss screening options with selected high-risk patients may be made on other grounds.[1]

Since then, the USPSTF criteria to rate the strength of the evidence have changed.[2] Therefore, this recommendation statement has been updated and revised based on the current USPSTF methodology and rating of the strength of the evidence. Explanations of the current ratings and of the strength of overall evidence are given in *Tables 1 and 2,* respectively.

The complete information on which this statement is based, including evidence tables and references, is available in the brief evidence update[3] on this topic, on the USPSTF Web site (http://www.preventiveservices.ahrq.gov). The recommendation also is posted on the Web site of the National Guideline Clearinghouse (http://www.guideline.gov).

Summary of Recommendation

The USPSTF recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males. **D recommendation.**

TABLE 1
USPSTF Recommendations and Ratings

The USPSTF grades its recommendations according to one of five classifications (A, B, C, D, or I) reflecting the strength of evidence and magnitude of net benefit (benefits minus harms).

A. The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

B. The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C. The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

D. The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I. The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that [the service] is effective is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.*

USPSTF = U.S. Preventive Services Task Force.

The USPSTF found no new evidence that screening with clinical examination or testicular self-examination is effective in reducing mortality from testicular cancer. Even in the absence of screening, the current treatment interventions provide very favorable health outcomes. Given the low prevalence of testicular cancer, limited accuracy of screening tests, and no evidence for the incremental benefits of screening, the USPSTF concluded that the harms of screening exceed any potential benefits.

Clinical Considerations

- The low incidence of testicular cancer and favorable outcomes in the absence of screening make it unlikely that clinical testicular examinations would provide important health benefits. Clinical examination by a physician and self-examination are the potential screening options for testicular cancer. However, little evidence is available to assess the accuracy, yield, or benefits of screening for testicular cancer.
- Although most testicular cancers are discovered by patients or their partners, either unintentionally or by self-examination, there is no evidence that teaching young men how to examine themselves for testicular cancer would improve health outcomes, even among men at high risk, including men with a history of undescended testes or testicular atrophy.
- Physicians should be aware of testicular cancer as a possible diagnosis when young men present with suggestive signs and symptoms. There is some evidence that patients who initially present with symptoms of testicular cancer commonly are diagnosed with epididymitis, testicular trauma, hydrocele, or other benign disorders. Efforts to promote prompt assessment and better evaluation of testicular problems may be more effective than widespread screening as a means of promoting early detection.

TABLE 2
USPSTF Strength of Overall Evidence

The USPSTF grades the quality of the overall evidence for a service on a three-point scale (good, fair, or poor).

Good:	Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.
Fair:	Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies; generalizability to routine practice; or indirect nature of the evidence on health outcomes.
Poor:	Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

USPSTF = U.S. Preventive Services Task Force.

Address correspondence to Ned Calonge, M.D., M.P.H., Chair, U.S. Preventive Services Task Force, c/o Program Director, USPSTF, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20850 (e-mail: uspstf@ahrq.gov).

The U.S. Preventive Services Task Force recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

The series coordinator is Charles Carter, M.D., University of South Carolina Family Medicine Residency, Columbia, S.C.

REFERENCES

1. U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2d ed. Washington, D.C.: Office of Disease Prevention and Health Promotion, 1996. Accessed online September 9, 2005, at: http://www.ahrq.gov/clinic/cpsix.htm.
2. Harris RP, Helfand M, Woolf SH, Lohr KN, Mulrow CD, Teutsch SM, et al. Current methods of the U.S. Preventive Services Task Force: a review of the process. Am J Prev Med 2001;20(3 suppl):21-35.
3. U.S. Preventive Services Task Force. Screening for testicular cancer: brief evidence update. Rockville, Md.: Agency for Healthcare Research and Quality, 2004. Accessed online September 9, 2005, at: http://www.preventiveservices.ahrq.gov. ■