

Cancer in Utah

Testis

<i>Summary</i>	Utah 1996-2000	US 1996-99
Average annual age-adjusted incidence rates*	5.9	5.5
Rank among cancer incidence rates	13	15
Average annual number of new cases	63	7,530
Percent of all new cancer cases	1.9 %	1.2 %
Lifetime risk of this cancer (00-79 years)	1 in 240	1 in 250
Average annual age-adjusted mortality rates*	0.2	0.3
Rank among cancer mortality rates	<20	<20
Average annual number of deaths	2	352
Percent of all cancer deaths	0.2 %	0.1 %
* Rates per 100,000 and standardized to the 2000 U.S. population		

Testicular cancer is primarily a disease of young men, with peak incidence rates occurring between 20 and 35 years of age. Testicular cancer was once the leading cause of cancer-related deaths in this age group. However, advances in diagnosis and treatment have made it one of the most curable of all cancers, with an overall five-year relative survival rate over 90 percent.

Incidence rates for testicular cancer increased in Utah during the period 1981-95, then fell slightly during the period 1996-2000. Comparable increases were reported among white populations in other areas of the United States and Northern Europe, though the reason for this phenomenon is unknown.

Cryptorchidism (undescended testis) has been consistently associated with an increased risk of testicular cancer, though the precise mechanism of action is not understood. However, it is estimated that cryptorchidism accounts for only 10 percent of all testicular cancers. A small percentage of testicular tumors have also been associated with genetic disorders such as Klinefelter's syndrome and hermaphroditism.

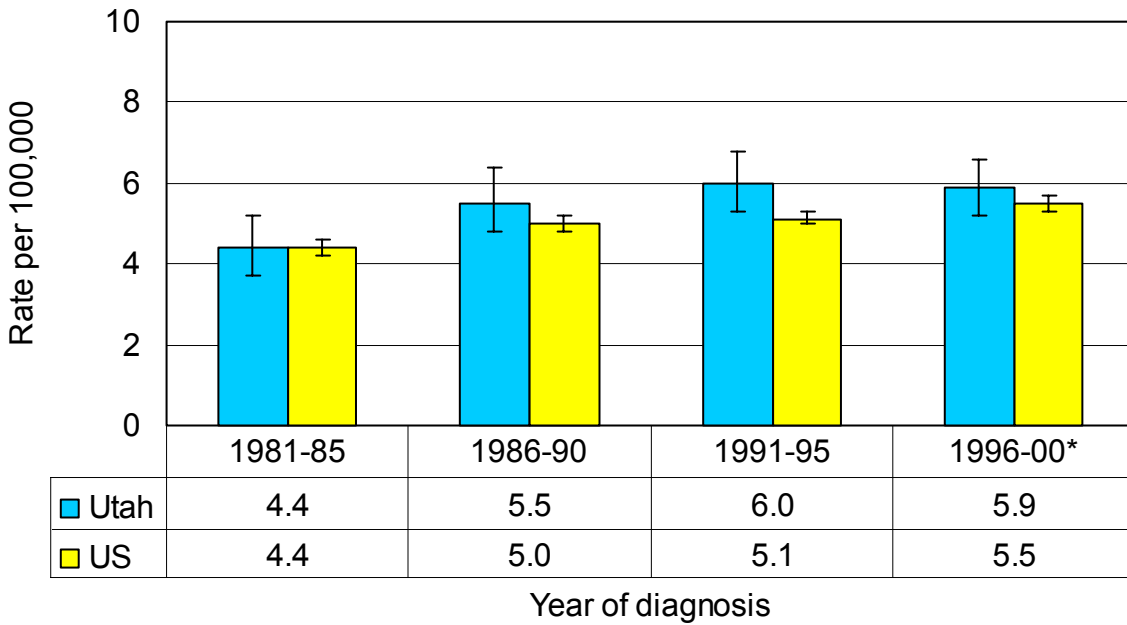
Numerous studies have focused on environmental exposures that may lead to testicular cancer, but no single exposure, either in the individual with cancer or his parents, has consistently been associated with this disease. In utero exposure to diethylstilbestrol (DES) has been linked to testicular abnormalities in sons of women who took the drug to prevent miscarriages.

Early surgical correction of cryptorchidism may prevent the development of cancer in undescended testis. There are no means currently available to prevent neoplasms in scrotal testis. Self-examination for early detection of testicular cancer has been advocated as a screening method.

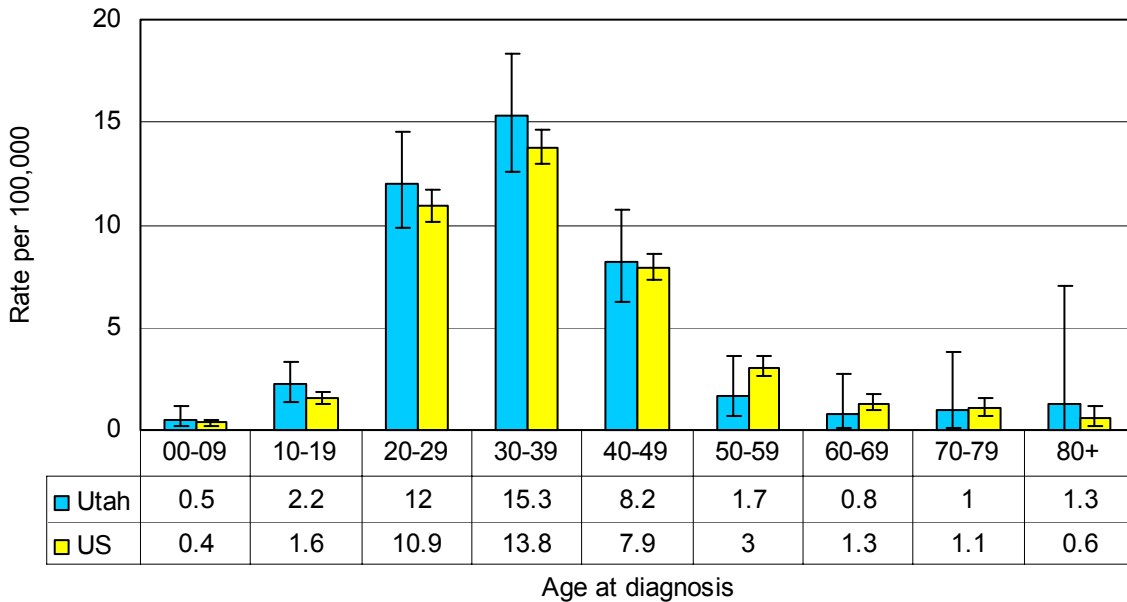
Cancer in Utah

Testis	Incidence
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Average annual age-adjusted incidence rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



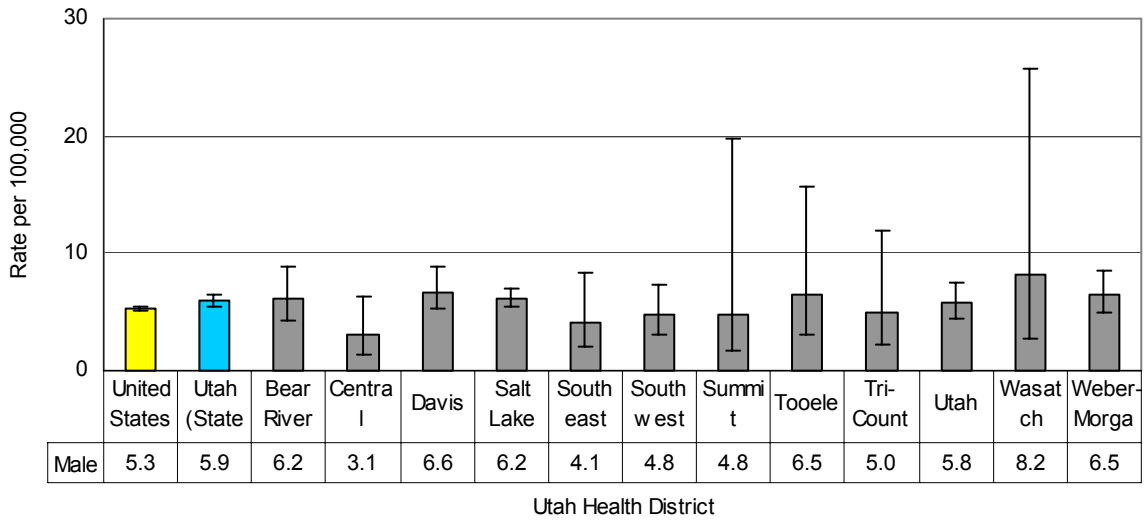
Average annual age-specific incidence rates per 100,000, 1996-2000



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Testis	Incidence
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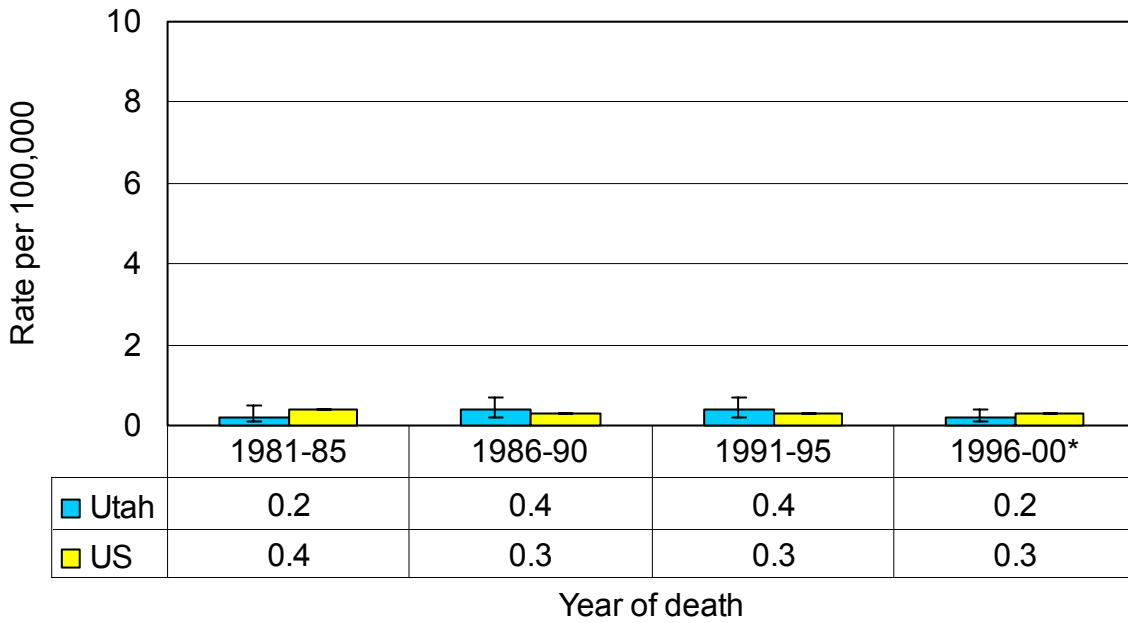
Average annual age-adjusted incidence rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



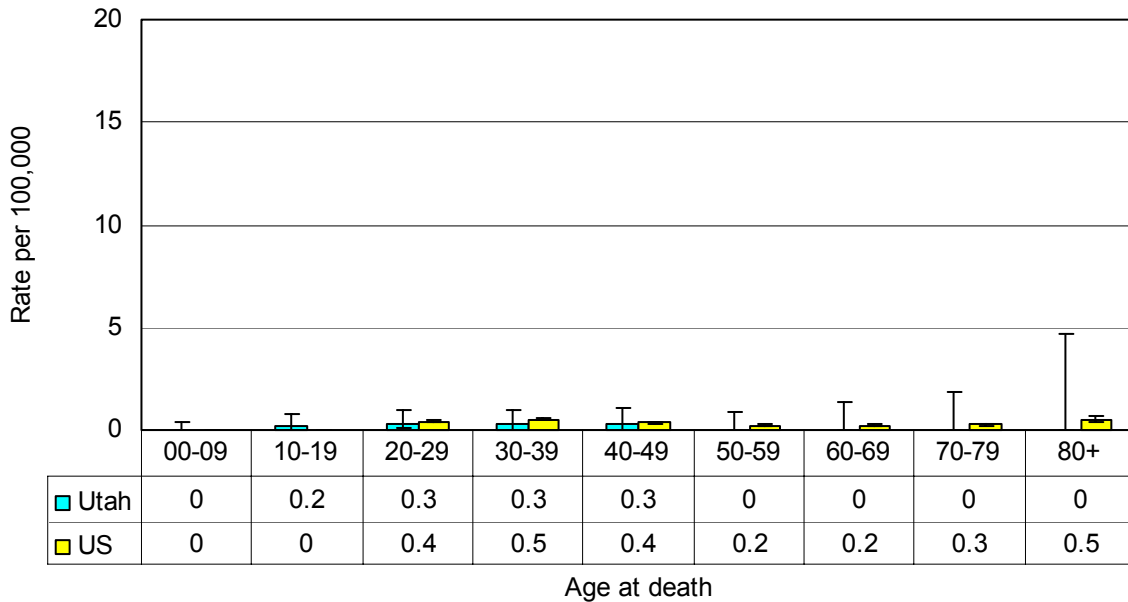
Cancer in Utah

Testis	Mortality
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Average annual age-adjusted mortality rates per 100,000 (US 2000 standard)
by 5-year time period, 1981-2000



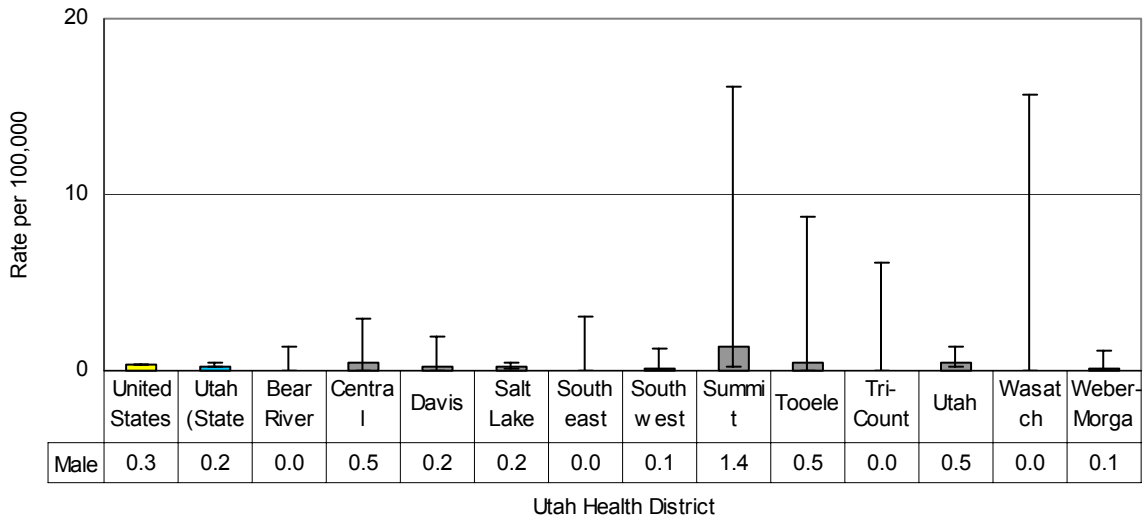
Average annual age-specific mortality rates per 100,000, 1996-2000



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Testis	Mortality
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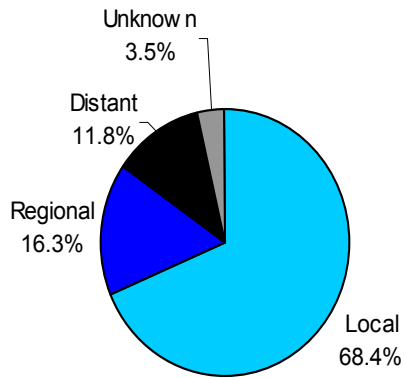
Average annual age-adjusted mortality rates per 100,000 (US 2000 standard) for twelve Utah Health Districts, for the time period 1991-2000, with rates from Utah (statewide) and the United States for comparison



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Testis Stage and Survival

Stage of disease at diagnosis:
Utah residents diagnosed 1996-2000



5-year relative survival by stage:
Utah residents diagnosed 1991-95

