

## EDITORIAL

# Unveiling the Taboo: Awareness of Testicular Cancer & Testicular Self Examination

HASEEB MEHMOOD QADRI

Post Graduate Resident, Surgical Unit-III, Lahore General Hospital, Lahore, Pakistan

Correspondence to Dr. Haseeb Mehmood Qadri, Email: [haseebmehmood18@yahoo.com](mailto:haseebmehmood18@yahoo.com) Cell: 0321-6087406

Male sexual and reproductive health is as important as the well-being of other organ-systems. The female breast cancer awareness mission acquired its Renaissance in Pakistan, a decade back, but the male sexual and reproductive health is a topic almost untouched. The month of April is celebrated as the month of Testicular Cancer (TC) awareness worldwide, as declared by the American Association for Cancer Research.

Among the males aged 20-40 years, TC is the most common malignancy encountered worldwide. It is the second most common malignant neoplasm of teenagers aged 15-19 years.<sup>1</sup> Of all the malignancies in males, TC has a reported frequency of 0.5-1.5%.<sup>2</sup> According to Globocan 2012, the incidence of new cases of TC worldwide was 0.4% which remained constantly the same in 2020, but the number of cases of TC increased significantly worldwide. The incidence of mortality related to TC was documented to increase from zero percent to 0.1% in Globocan 2020 fact sheets<sup>3,4</sup>.

Some studies conducted in Pakistan document the frequency of TC prevalence to be 1.8–4.4%.<sup>5</sup> Testicular cancer surpasses anal, vulval and vaginal cancers in terms of its incidence and 5-year prevalence in 2020. It ranks as the 28th most common cancer of all the neoplasms in Pakistan<sup>4</sup>.

The history of cryptorchidism, family history of TC and age are the risk factors commonly linked to Testicular Cancer.<sup>5</sup> It metastasizes to retroperitoneal lymph nodes rapidly.<sup>1</sup> The European Association of Urology (EAU) and the American Academy of Family Physicians strongly recommend self-palpation of testes in males aged 18–35 years of age<sup>1,5</sup>. The EAU further emphasizes that the stage and prognosis of TC are highly related to its early diagnosis, which in usual presentation is possible by Testicular-Self Examination (TSE)<sup>1</sup>.

Considering my experience at the grass-roots level, our male patients consult outdoor clinic services at a later or delayed stage of their disease. I tried to seek various reasons for this alarming situation. We live in a society governed by myths, social taboos, religious constraints and lack of literacy. A common man is surrounded by the fears of his survival in this era of the pandemic of COVID-19 and rising inflation. Attention to physical health and mental well-being is the last preference of our population.

Personally, many male patients feel “ashamed” and uncomfortable to talk about their genital diseases and reproductive well-being. A male with genital issues is always afraid of the label of “sterile, eunuch or impotent”, leading him to suppress his thoughts of concern and hide his problems. People think that the physical and emotional strength of a masculine figure is closely linked to his testes. Many men fear that their female partners will leave them if they disclose their “masculine problem”. The social myths add further fuel to fire. Testicular cancer is a “summon to death”, can diminish libido and cause impotence, is caused by sexually transmitted infections, is a heritable clinical entity, develops due to keeping cell phones in your pockets and wearing tight under-garments are the most common myths stuck in the minds of our male population. Young males are directed by their peer circle towards *hakeems* and *dispensers* for any genital problems. The social pressure is a paramount factor in the optimal and timely diagnosis of testicular cancer. Religiously, the general population quotes references of protecting and covering their intimate parts of body, ignoring the fact, intentionally or unintentionally, that our religion Islam has set up boundaries of relaxation in case of any ailment and suffering. Priests and *molvis*

are themselves ignorant of testicular cancer and significance of its early diagnosis. Our educational curriculum seriously lacks in teaching the basic human morphophysiology and fails to define the normality of male as well as female sexual and reproductive characteristics and their aberrations. The text-books do not mention the necessity of speaking and mentioning the changes and abnormalities in our body, mental capacity and sociocultural bias. Lastly, the mass media has played a poor role in creating awareness on testicular cancer and testicular self-examination. Either the channels have not been created to highlight sexual well-being and reproductive normalcy, or the ones who try to, face grave opposition from the viewers and religious sects.

It is the need of the hour to unveil the taboos related to TC & TSE. The knowledge and awareness about the prevalence, development and management of TC and the application of TSE should be initiated from one's home itself. The frontline doctors working in outdoor departments need to assess the male patients of relevant age group as a part of their basic systemic assessment. A detailed counselling should be offered to a newly diagnosed case of TC and family involvement regarding the prevailing disease with its myths must be elaborated. The medical workers should encourage their patients to use the “3 by 3” formula, asking the patient to teach any of his three kith and kin about the TC and TSE and ask each one of them to teach the other three fellows and so on the cycle will continue at the very basic level. A separately established clinic should be dedicated to male sexual and reproductive health, in at least every tertiary care hospital which shall be operational on out-patient basis. Formal recommendations of the inclusion of guidelines on Testicular Self-Examination, Breast Self-Examination and Menstruation Awareness should be sent to the educational wings of provincial and federal governments, to include them in the curricula of secondary and higher secondary classes. The mass media should be directed to celebrate the month of April as the awareness of TC & TSE openly, guiding the masses keeping in view the socio-religious aspects. The *molvis* of locality can address the *majaalis* and help in obliterating the myths.

Testicular Cancer and Testicular Self Examination awareness should be the pressing priority of our health sector in Pakistan.

## REFERENCES

1. Yazici CM, Akgul M, Altin E, Eksi SE, Akdemir T, Dagdeviren N. Does education variability change testicular cancer awareness and testicular self-examination? J Pak Med Assoc. 2021 Jun;71(6):1592-1595. doi: 10.47391/JPMA.1420. PMID: 34111078.
2. Mushtaq S, Jamal S, Mamoon N, Akbar N, Khadim T. The pathological spectrum of malignant testicular tumours in northern Pakistan. J Pak Med Assoc. 2007 Oct;57(10):499-501. PMID: 17990425.
3. Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, Jemal A. Global cancer statistics, 2012. CA Cancer J Clin. 2015 Mar;65(2):87-108. doi: 10.3322/caac.21262. Epub 2015 Feb 4. PMID: 25651787.
4. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021 May;71(3):209-249. doi: 10.3322/caac.21660. Epub 2021 Feb 4. PMID: 33538338.
5. Jamal Q, Jafarey NA, Alam SM. Testicular tumours: histology, prevalence and epidemiology. J Pak Med Assoc. 1990 Apr;40(4):94-5. Erratum in: JPMA J Pak Med Assoc 1990 Jul;40(7):173. PMID: 2287040