

My Brother's Legacy: Heed Testicular Cancer's Signs

I wasn't always an only child. I once had a brother. Stephan died of testicular cancer when he was only 35. I remember the call. Stephan's wife, Carol, was at the hospital. "I have some bad news," she said with panic in her



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voice, "your brother has just been taken into surgery. They found a growth on one of his testicles during a routine exam. They're pretty sure it's cancerous, Sandy. . . . I'm sorry but I've got to run. I'll call as soon as he's in the recovery room."

We had just met for dinner a week earlier — he looked a little tired, but cancer? Surgery?

My mind was spinning. Stephan was nearly 6-foot-4 with an enormously powerful frame. Everything about him was large — his smile, his generosity and his heart. He seemed invincible, and he was the younger sibling. And, as the saying goes, "He was never sick a day in his life," or so he claimed.

He was a devoted husband and a terrific brother — but he did have one tragic flaw: He was afraid of doctors and

hospitals. He avoided them. I found out much later that he had a painless swelling in his testicular area that he had apparently ignored for months. In the end, this avoidance probably cost him his life.

Stephan had an orchiectomy (surgical removal of the cancerous testicle through an incision in his groin). The pathology report typed his cancer as a seminoma, a highly curable form of testicular cancer. His lymph nodes were said to be "clean." I breathed a bit of relief.

When I spoke with him after his doctor's appointment, he told me that he only needed a year's follow-up and no further treatment. No radiation. No chemotherapy. He asked for my support. "It's my life, Sandy," he said.

After his death, I learned that he had refused further treatment, insisting in his own stubborn way that "he would be fine." He didn't want to become a cancer patient — so he chose to do it his way. The removal of one testicle didn't affect his ability to father a child. His son, Andrew, will be married this October. But one short year after his diagnosis, my brother had widespread metastasis to his bones and liver. He only lived three more months.

Two weeks ago, I wrote about prostate

cancer — a type of cancer that is often, but not always, discovered in older men. Testicular cancer occurs predominantly in men ages 15 to 35 but has been found in men as old as 70. It only affects about 2 percent of men, but like prostate cancer (and all cancers), it is most successfully treated if discovered early.

Clinicians have the professional responsibility for "healing" and "helping" others. It's built into our personas — even when we know nothing can humanly be done. The survivor guilt is especially painful with all of the unanswered questions of "why" and "if only." I recall Stephan's surgeon telling me how his passing would make me a better practitioner because it would teach me to empathize more deeply with my patients' suffering. Perhaps it has, but it is an empathy that I would relinquish gratefully.

Suffering is helplessness, anger and unending loneliness. It is witnessing and supporting someone you love make decisions — or fail to make decisions — that affect the length or quality of their lives. Suffering is losing someone we love before their time (and it is always too soon). Anyone who loves suffers.

Although the final responsibility for testicular self-examination (TSE) rests with the male himself, intimate partners

can encourage and participate in timely testicular exploration with those they love. Learn what your partner's normal scrotum and testicles feel like, if you don't already know, and look for any changes in size, shape or thickness.

There is a soft tubular structure sitting behind each testicle, called the epididymus, that carries sperm. If you haven't felt it, your assignment (if you choose to accept it) is to find and identify your own or your partner's epididymus — separately and together. Hydroceles, fluid-filled sacs inside the scrotum, or varicoceles (similar to varicose veins that can occur in the leg) are benign conditions you may discover as you explore.

Pay attention to any changes of any kind. Although you've probably heard that painful lumps aren't cancerous — if in doubt, it's safer to check it out.

The stigma against touching one's genitals and the embarrassment associated with the entire subject has inhibited countless men from talking to their doctors about this subject, performing regular testicular self-examination, and the possibility of discovering testicular cancer in its early, highly curable stages. Check out "How To Do a Testicular Self-Exam" at trc.acor.org/tcexam.html

What To Look For

According to the testicular cancer resource center, signs of testicular cancer include:

- Any enlargement of a testicle
- A significant loss of size in one of the testicles
- A feeling of heaviness in the scrotum
- A dull ache in the lower abdomen or in the groin
- A sudden collection of fluid in the scrotum
- Pain or discomfort in a testicle or in the scrotum
- Enlargement or tenderness of the breasts.

If one man is encouraged to examine his testicles for any lump, swelling, or deviation from normal, then this column will have served its purpose.

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