Risk factors and early detection

Undescended testicles (cryptorchidism) have been confirmed as a risk factor for testicular cancer. Men who have a history of testicular cancer or a precancerous condition in one testicle also have an increased risk of developing a tumour in the healthy testicle. Rare, genetic disorders of sexual development such as Klinefelter syndrome also increase the risk of developing the disease.

Sons and brothers of individuals who have developed testicular cancer are at substantially higher risk of developing this disease themselves. In a small proportion of these cases, genetics may play a role in this familial predisposition.

A birth weight of less than 2,500 g or more than 4,500 g as well as tall stature have also been discussed as possible risk factors. The reasons behind the increased incidence that has been observed over the last few decades have yet to be determined conclusively. The latest research suggests that neither lifestyle nor environmental factors play a role in the development of testicular cancer.

Nevertheless, an early diagnosis is associated with a better prognosis. Adolescents and men are therefore advised to carry out regular self-examinations from puberty onwards. Statutory cancer screening offers men 45 years and older an annual genital examination.
Figure 3.23.1a
Age-standardised incidence and mortality rates, ICD-10 C62, Germany 1999 – 2016/2017, projection (incidence) through 2020
per 100,000 (old European Standard)

Figure 3.23.1b
Absolute numbers of incident cases and deaths, ICD-10 C62, Germany 1999 – 2016/2017, projection (incidence) through 2020

Figure 3.23.2
Age-specific incidence rates, ICD-10 C62, Germany 2015 – 2016
per 100,000
Table 3.23.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C62, database 2016

<table>
<thead>
<tr>
<th>Men aged</th>
<th>Risk of developing cancer</th>
<th>Mortality risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>in the next ten years</td>
<td>ever</td>
</tr>
<tr>
<td>15 years</td>
<td>0.1% (1 in 1,100)</td>
<td>0.7% (1 in 140)</td>
</tr>
<tr>
<td>25 years</td>
<td>0.2% (1 in 440)</td>
<td>0.6% (1 in 160)</td>
</tr>
<tr>
<td>35 years</td>
<td>0.2% (1 in 480)</td>
<td>0.4% (1 in 240)</td>
</tr>
<tr>
<td>45 years</td>
<td>0.1% (1 in 760)</td>
<td>0.2% (1 in 460)</td>
</tr>
<tr>
<td>55 years</td>
<td>&lt;0.1% (1 in 2,000)</td>
<td>0.1% (1 in 1,100)</td>
</tr>
<tr>
<td>65 years</td>
<td>&lt;0.1% (1 in 4,400)</td>
<td>&lt;0.1% (1 in 2,300)</td>
</tr>
<tr>
<td>75 years</td>
<td>&lt;0.1% (1 in 6,100)</td>
<td>&lt;0.1% (1 in 4,000)</td>
</tr>
<tr>
<td>Lifetime risk</td>
<td>0.7% (1 in 140)</td>
<td>&lt;0.1% (1 in 3,800)</td>
</tr>
</tbody>
</table>

Figure 3.23.3
Distribution of UICC-stages at first diagnosis, ICD-10 C62, Germany 2015 – 2016

(top: all cases; bottom: only valid reports)

Figure 3.23.4
Absolute and relative survival rates up to 10 years after first diagnosis, ICD-10 C62, Germany 2015 – 2016

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Men abs. survival
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Men rel. survival

Figure 3.23.5
Relative 5-year survival by UICC-stage, ICD-10 C62, Germany 2015 – 2016

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UICC-stage

Men

DCO
Figure 3.23.6
Age-standardised incidence and mortality rates in German federal states, ICD-10 C62, 2015–2016
(Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
per 100,000 (old European Standard)

Figure 3.23.7
International comparison of age-standardised incidence and mortality rates, ICD-10 C62,
2015–2016 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)