Preface

Although the incidence of testis tumors is the lowest among the urological malignancies, the conditions surrounding its diagnosis are more dramatic, if possible, than those concerning other cancers. It appears in adolescents or young adults, most of them still without children, and when metastatic, a multidisciplinary approach including various medical and surgical specialists is often required.

The introduction of cisplatin-based chemotherapy in the early 70s was the turning point in the history of this cancer. Long remission rates were achieved and patients were almost uniformly cured. Together with the modern radiotherapy schemas, chemotherapy has been the corner point in the most curable urological cancer to date.

With the increasing knowledge of this cancer came the population awareness and the possibility of early diagnosis, minimizing treatment toxicity and long-term effects. In parallel, quality of life has always been a capital issue in young groups of patients who want and deserve an active full social and personal life.

More recently, a new spectrum is increasingly depicted in the population with testis tumors. Those are subfertile or infertile patients in whom the diagnosis of tumor accompanies the efforts for fathering children. Inguinal orchidectomy, the classical treatment in the presence of a contralateral nontumoral testis, is no longer the gold standard for these serendipitous tumors. Two reasons justify a partial approach in this special group: the need for preserving sperm producing tubules and the high incidence of benign tumors among those incidentally diagnosed tumors.

Current efforts focus on defining the environmental and genetic factors that might determine the development of a testis cancer and exclusively identifying those malignancies that may ultimately respond to less intensive chemotherapy or radiotherapy schedules.

However, a number of patients are still diagnosed in an advanced stage. For those patients, cure is achieved at the cost of multiple different treatment modalities and under a strict surveillance, both conditions best served in centers of reference.

But the work is not yet accomplished. Although the incidence seems to have reached a plateau and the rate of Stage I cancers is higher than ever, some points deserve the full attention of the medical community. Some alarming reports point out the lack of tumor marker documentation at diagnosis and the treatment deviations. While good quality randomized controlled trials determined the landmarks in the treatment of testis cancer, clinical variability in follow-up is still a weak point in the protocols. Whether the clinical variation in follow-up is prompted by the different treatment options in early stages, or by country or worldwide policies, this variation calls for research, well designed studies, and cooperation among the different specialties involved in the treatment of this disease.

The present book, a Euro-American collaboration, is the result and an example of such cooperation. Not all the authors who have made a significant contribution to the history of this disease are present, but all those who are present have contributed in different forms and grades to the modern approach of testicular cancer.

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