

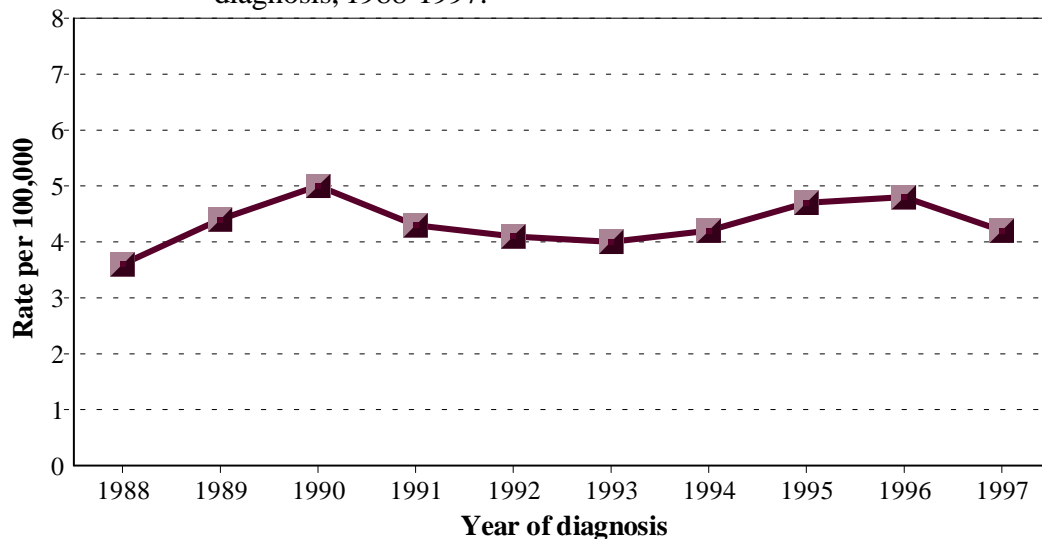


Testicular Cancer in the Santa Clara Region 1988-1997

January 2001

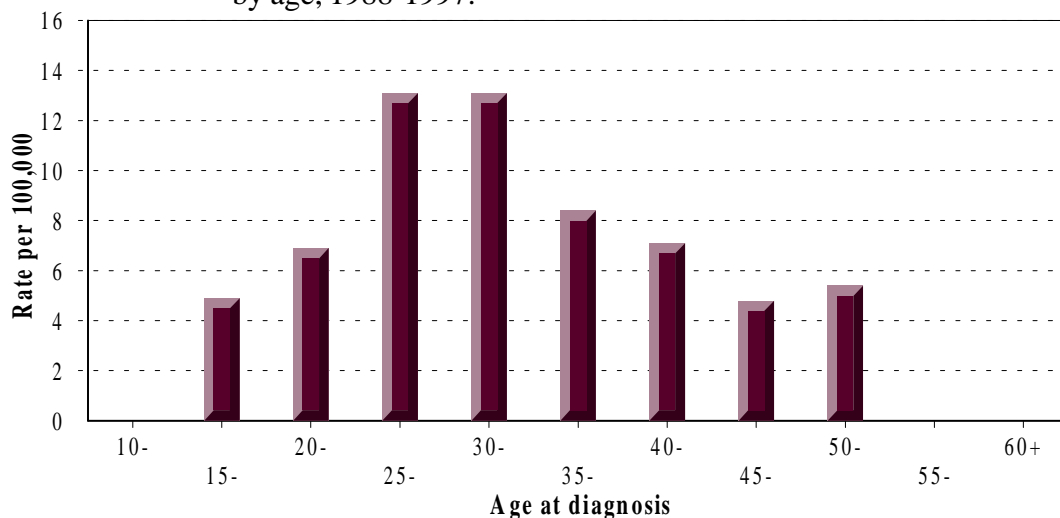
During the ten year period 1988-1997, 635 males in the Santa Clara Region were diagnosed with testicular cancer. Mortality from testicular cancer is relatively low; during the same period, 47 males died from the disease.

Figure 1. Age-adjusted incidence rates of testicular cancer by year of diagnosis, 1988-1997.



From 1988 to 1997, testicular cancer incidence rates did not change substantially in the Santa Clara region. (Figure 1, above). The average annual age-adjusted rate was 4.3 per 100,000 males.

Figure 2. Average annual age-specific incidence rates of testicular cancer by age, 1988-1997.*

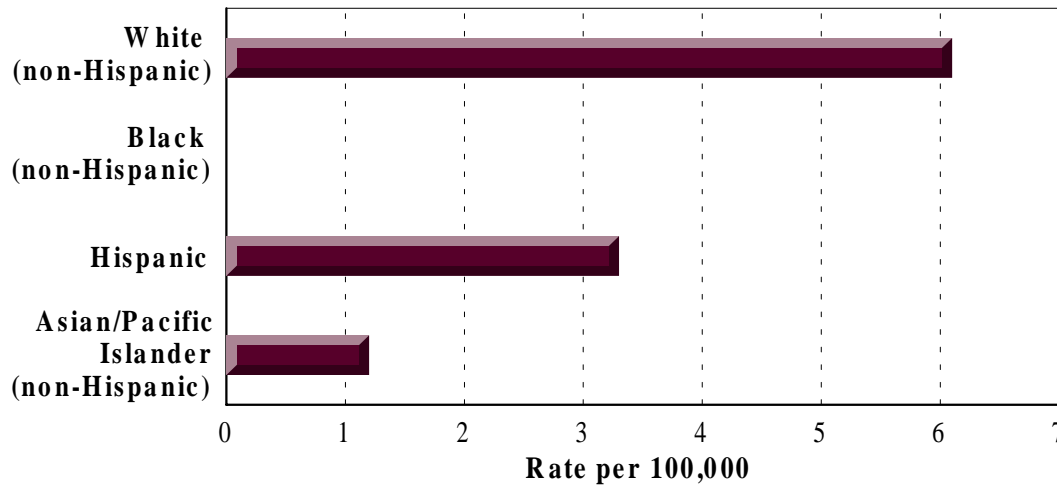


*Data not shown for rates based on fewer than 5 cases or for age-specific population totals less than 100,000.

In contrast with the majority of cancer types that usually occur in the elderly, testicular cancer rates peaked in men in their late 20s and early 30s and occurred much less frequently in older men. (Figure 2, above).



Figure 3. Average annual age-adjusted incidence rates of testicular cancer by race/ethnicity, 1988-1997.*



*Data not shown for rates based on fewer than 5 cases or for race-specific population totals less than 100,000.

White males had the highest testicular cancer rates, twice the rates in Hispanics and three times the rates in Asian/Pacific Islanders. Testicular cancer was extremely rare in blacks. (Figure 3, above).

Testicular cancer is broadly divided into seminoma and nonseminoma types for treatment planning as seminomas are more responsive to radiation therapy. In the Santa Clara Region, 57% of the testicular tumors were seminomas; of these, 73% were diagnosed in the local stage (invasive but entirely confined to the testis). The relative five-year survival for seminomas (all stages combined) was 98%. In comparison, only 53% of the nonseminomas were diagnosed in the local stage and the five-year relative survival was slightly lower at 93%. These results are similar to those reported nationally in the National Cancer Institute's Surveillance, Epidemiology, and End Results data.

Technical Notes: Because age distributions vary by population, a standard statistical procedure called "age-adjustment" was used so that we can examine differences in cancer incidence and mortality rates due to factors other than age. Rates are age-adjusted unless noted to be age-specific.

About the data: Cancer data have been collected in Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties since 1973, and in Monterey, San Benito, Santa Clara, and Santa Cruz counties since 1988, forming two parts (Regions 1 and 8) of the California Cancer Registry. These counties, referred to as the Greater Bay Area are also part of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry program.

Founded in 1974, the mission of the **Northern California Cancer Center** is to reduce the burden of cancer through surveillance, epidemiology, prevention research and education. Essential to this mission is collaboration with partners in cancer research, education and the community.
