

# Practice Patterns of Teaching Testicular Self-Examination to Adolescent Patients

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Testicular self-examination has been proposed as a screening technique for the early detection of testicular neoplasms. Previous work suggests that few adolescent males have received instruction in the technique. We report the results of a physician survey to assess the frequency with which self-examination is taught and to identify the reasons why some physicians do not teach testicular self-examination. Only 17.5% of the physicians surveyed taught testicular self-examination to adolescent male patients on a routine basis. Eighty-two percent stated that they were unfamiliar with the technique or had not thought about it.

## KEY WORDS:

Testicular self-examination  
Self-examination

Testicular cancer represents 1% of all malignant neoplasms in males and is the most common solid tumor occurring between the ages of 15 and 35 years (1,2). The testes are the fifth most common tumor site in adolescents, an incidence similar to that of acute granulocytic leukemia (3). It is estimated that 5,300 new cases of testicular cancer are discovered yearly (1). Early diagnosis and treatment markedly improves the chance for cure. Periodic testicular examination and instruction in testicular self-examination (TSE) have been recommended by a number of organizations and health-care advocates

(1,4,5) because testicular neoplasms typically present as a painless scrotal mass or testicular enlargement (6). The degree to which physicians comply with these recommendations is not known. Goldenring et al. (7) found that only 5% of 147 male college athletes had been taught TSE by a physician.

We report the results of a survey of primary care physicians and surgeons designed to define the practice patterns for the teaching of TSE to adolescent males and the reasons for omitting TSE instruction.

## Methods

Licensed physicians were surveyed by telephone questionnaire. The physicians were selected from listings in the 1984 edition of the Oklahoma State Medical Association directory of the Oklahoma Osteopathic Association directory. Specialty or subspecialty groups included pediatricians, internists, general medical practitioners, osteopathic general practitioners, urologists, and general surgeons. Twenty physicians were randomly selected from each group using a random numbers table. Physicians who were members of the faculty at a medical school were excluded to help eliminate any bias of practice habits that might occur when practicing in a tertiary teaching center. Three pediatric surgeons who were in private practice were also included.

A single investigator contacted the physician's office by telephone. The interview took place in one of three ways: direct interview with the physician; interview with the physician's office nurse and then the physician; or interview only with the office nurse after consultation with the physician. The questionnaire was kept brief to facilitate the telephone for-

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mat. Medical specialty and the year of graduation from medical school were recorded. The physicians provided information about their practice patterns of performing testicular palpation during the physical examination and providing TSE instruction. Data were analyzed by the  $\chi^2$  method.

### Results

One hundred forty-three physicians or their representatives were contacted by telephone. All responded that they included male patients aged 14–21 years old in their practice. One hundred thirty-seven (96%) reported that testicular palpation was a routine part of their physical examination. Twenty-five (17.5%) reported teaching TSE to adolescent patients on a routine basis, although only ten (7%) supplied TSE patient education literature. No statistically significant differences based on surgical versus nonsurgical specialty, physician gender, or length of time since medical school graduation were identified.

Reasons for failure to teach TSE varied. Most respondents (82%) stated that they were unfamiliar with the technique or had never thought about including it as a practice routine. Ten (8%) taught TSE to patients they felt were at risk for testicular tumors. Five percent felt that testicular cancer was not a threat to the adolescent age group and that teaching TSE was unnecessary. Three percent stated patient embarrassment was an explanation for not teaching TSE. One physician in this category felt that TSE instruction was best accomplished by pamphlets. However, this physician did not provide the literature to his patients.

### Discussion

The medical literature recommends teaching TSE to male adolescents as part of the routine health evaluation, maintenance, and education (1,5,8). However, one previous study found that only 5% of college-aged males had been taught TSE by a physician and that college women were better informed

about breast self-examination (7). Testicular self-examination is highly recommended for males with an increased risk for testicular cancer, such as those with an undescended testicle or postsurgical orchiopexy (5).

Our survey suggests that few physicians in our area who provide health care for adolescent and young adult males teach TSE or provide instructional material. Many respondents stated that TSE instruction was not emphasized in their training. Increased exposure to issues of adolescent health care during medical school or residency training might provide an opportunity to teach young physicians the TSE technique. Additional emphasis could be placed on TSE and related issues during continuing education courses for primary care physicians.

Patient TSE education literature is available in pamphlet form from the American Cancer Society (9,10). The challenge is to increase physician awareness as well as the awareness of the young adult male about the risk of testicular cancer and the potential benefit of TSE.

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