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Welcome to the Your Privates Schools Pack

Teachers Notes & Lesson Plan

ORCHID
FIGHTING MALE CANCER

PSHE Association Quality Assured Resource PSHE Association

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Overview

Introduction

Over 2400 men a year are diagnosed with testicular cancer. It most commonly affects men between the ages 15-45. Statistics suggest that it is increasing in incidence.

The aim of this lesson is to raise awareness in young men and women of testicular cancer and outline the possible risk factors, causes and treatment involved.

Learning Objectives

In this lesson students will:

- Learn about testicular cancer, including the demographics, risk factors, and common symptoms
- Learn how to perform testicular self-examination and why it is important for them all to know how to do this

Learning Outcomes

As a result of this lesson, students will:

- Understand that they are in the highest risk age group for testicular cancer
- Be able to identify some risk factors for testicular cancer
- Recognise the most common symptoms

Resources

- Film embedded PDF presentation
- Teachers notes
- Quiz

Session Outline

- Presentation
- Discussion Quiz

Note

If a student has been affected by testicular or any other cancers they may find this lesson distressing or upsetting. Orchid recommends that you discuss with the student whether they would like to participate or whether they would prefer an alternative activity or pastoral.

Slide 2

Optional pause to discuss;

- Is it normal to have a lump?
- Should he leave it?

? Ask the class if they have any suggestions, what should Jon do?

Slide 3

As a result of this lesson, students will:

- Understand that they are in the highest risk age group for testicular cancer
- Be able to identify some risk factors for testicular cancer
- Recognise the most common symptoms

Slide 4+5

? Ask your pupils if they can think of any more names!

Slide 6

Optional pause to discuss;

- Is John too young to get cancer?
- What might he be feeling?
- Who should he tell?
- Where should he go to get it checked out?
- What might stop him from getting it checked out?

!

GPs are used to seeing young men with testicular swelling and examination is simple. An ultrasound scan may be requested and will usually be performed within 2 weeks. Rather than wait around and worry it is better to get it checked as soon as possible.

Slide 7-9

Testicular cancer affects over 2200 men a year. Latest statistics suggest that nearly half of these men will be under the age of 35 when they are diagnosed. Cure rates are high and treatment is extremely effective but around 60 men will die as a result of the disease. In a 24 hour period around 6 men will have been diagnosed with testicular cancer.

Slide 10

What is testicular cancer?

Play Video

Slide 11-16

Strong risk

Crypto-orchidism (undescended testicle)

The testicles form in the abdomen of a male baby before birth and move down the inguinal canal to the scrotum prior to or just after birth. In around 6% of new born baby boys this may not happen. A simple operation can be performed to correct this but the risk of testicular cancer is still increased.

Around 5-10% of men who are diagnosed with testicular cancer will have a history of an undescended testicle.

Family History

If a father has had testicular cancer the risk to his son increases by about 4 times. If a brother has had testicular cancer then that risk increases to around 9 times.

Possible but Controversial risk

Cannabis

Some recent research has suggested that men who smoke cannabis may be more at risk of testicular cancer.

Trauma

It has been suggested that repeated injury to the testicles may increase the risk of testicular cancer. Trauma often causes swelling which may get men to seek medical advice and testicular cancer may be found incidentally.

Lifestyle

It has been suggested that a sedentary lifestyle without exercise (sitting around) may encourage the development of abnormalities which could lead to testicular cancer.

Slide 17

Play video

Testicular Self Examination

- Easy to perform
- Takes a few minutes
- Best after a hot bath or shower
- Need to get to know what is normal
- Do not confuse the epididymis with a cancerous lump
- Be aware that one may be slightly bigger or hang lower than the other
- Any abnormalities should be checked by GP

Slide 18

Signs and symptoms summary;

90%

FIND A PEA SIZE LUMP

- A lump can be felt in 90% of cases and in approximately 80% of cases this will be painless. A malignant testis may not feel unduly uncomfortable or painful whereas a testis inflamed by infection will usually be very tender and painful.
- Dragging sensation.
- Recent history of trauma, leading to examination and discovery of a lump.
- Breast swelling or tenderness (called gynaecomastia). Puberty can also cause these symptoms due to hormonal changes .It is a rare symptom of testicular cancer and a lump in the testicles may not be obvious. Any young man in their late teens or early twenties experiencing this symptom should seek medical advice from their GP.
- Enlarged lymph nodes in the back, which have enlarged due to spread of cancer can cause unexplained back pain.

Slide 19-21

Summary

Thinking back to Jon and Jack

Thinking back to Jon and Jack, what advice would we now give Jon? Is there anything we're still not sure about? How could we sum up the key messages of the lesson?

Note to teacher: make sure the following are included.

- Make sure that you perform testicular self-examination regularly
- If you do find something abnormal then it is unlikely to be testicular cancer but should be checked out by a GP
- Investigations will be carried out within 2 weeks
- If caught early a 98% chance of cure is likely with less treatment

Remember...

- Perform Testicular Self Examination (TSE) once a month.
- If you find something unusual get it checked out.

Suggestions

Extended activities

- Design an awareness poster and let Orchid know, for possible inclusion on or website or social media,
- Design a presentation of their own,
- Think about an awareness campaign.

Supplementary slides
These slides are designed to supplement the school pack if needed.

Slide 22

What's not testicular cancer?

These conditions are common in young men and have no direct link to testicular cancer developing.

Epididymo-orchitis

This is inflammation of the epididymis which often spreads to the testis and is usually due to infection. It is particularly common in young males aged 15-30 and may occur as a result of a urinary infection or sexually transmitted disease (STD). Occasionally it can occur as a result of surgery to the urethra or prostate. Ball swelling tends to occur quite rapidly and is often painful. The swelling may take some weeks to fully settle and will usually require a two week course of strong antibiotics.

Varicocele

This is a collection of dilated veins in the scrotum (think varicose veins). It often affects men between the ages of 15-25 and occurs next to and above one or both of the testicles. It involves the spermatic cord which carries sperm from the testes to penis and which also contains blood vessels and nerves. Normally the veins in the spermatic cord are undetectable. When they become distended they have been medically described as feeling like a "bag of worms"! Varicoceles can vary in size and are usually not painful but may cause a "dragging" sensation. They may affect 15% of the male population and are associated with male infertility. They can be surgically or medically treated if needed.

Slide 22 Continued

Hydrocele

The testis is surrounded by protective tissue sac, which produces a lubricating fluid to allow your baubles to move freely. Excess fluid usually drains into the veins in the scrotum. However, if this drainage route has been affected by infection or trauma, fluid may accumulate and is called a hydrocele. A hydrocele will often feel like a small fluid filled balloon and may cause a chronic ache or discomfort. It can often be surgically repaired if it becomes too problematic or too big, but is usually treated depending on whether bothersome symptoms are present.

Epididymal cysts

These are small fluid filled cysts, which may contain semen. They are usually about the size of a pea but can be larger. They usually develop in adults around the age of 40 and may take many years to form. They are smooth and spherical and tend to be found in the head of the epididymis. They are benign. They can be aspirated (drained) or removed surgically, however removal can cause epididymal obstruction, which may then have an impact on a man's fertility.

Slide 23

Orchidectomy is a simple and standard operation to remove the cancerous testicle. An incision is made into the groin and the testicle and testicular cord removed completely. There is no cut to the scrotum. Providing that the remaining testicle is normal and healthy it should be able to produce adequate testosterone to ensure that normal sexual function is possible. Fertility should not be affected following an orchidectomy although a number of men with testicular cancer may already have existing fertility problems.

Once removed the testicle will be sent for histological (microscope) examination which will identify what type of testicular cancer is present. It will also be able to tell if the cancer was confined to the testicle or whether there is any evidence that it had begun to spread via the blood. Usually if the cancer is confined to the testicle and at an early stage no further treatment may be needed apart from regular checkups (surveillance).

If there is evidence of possible spread beyond the testicle or men will not be able to follow a strict regime of follow up checks (due to work/lifestyle etc.) then chemotherapy may be recommended.

If you would like any further information or are worried please do not hesitate to phone the Orchid National Male Cancer Helpline 0808 802 0010 or email nurse@orchid-cancer.org.uk

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