



Testicular cancer deaths double with after 40 diagnosis

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(Reuters) - Men diagnosed with testicular cancer at 40 years of age or older have twice the risk of dying from the disease as younger patients, according to a study of nearly 28,000 men.

This was true even when initial treatment and the extent of the disease were taken into account, according to findings published in the Journal of Clinical Oncology.

"This study comprehensively documents, for the first time, to our knowledge, the effect of age on TC-specific mortality, while taking into account disease characteristics, treatment factors and socio-demographic variables," wrote Lois Travis, of the University of Rochester Medical Center, New York, along with colleagues from Oslo, Norway.

The research is based on data from the Surveillance, Epidemiology and End Results program, a source for U.S. cancer statistics at the U.S. National Cancer Institute. Travis and her team calculated hazard ratios for 10-year testicular cancer mortality.

Mortality was doubled in patients diagnosed over the age of 40, the study found. But, those diagnosed after 1987 were less likely to die during follow-up than men diagnosed earlier, possibly due to the introduction of a certain kind of chemotherapy about 10 years earlier.

"The question, however, remains whether association between socioeconomic variables and mortality reflect differences in the health care system's ability to offer optimal treatment, the patient's willingness to accept intensive treatment with a non-negligible risk of adverse effects, or the physician's knowledge of optimal treatment approaches," they wrote.

Several factors may account for the age-related mortality difference, including the fact that many older patients are often not treated with the same intensity as younger patients, the researchers said.

The researchers recommended giving more attention to the care of older patients as well as those of people of lower socioeconomic status for the best results.

"In a cancer that is so highly curable, any influence that confers an increased risk of disease-specific mortality must be identified, and interventional strategies adopted," they said.

SOURCE: bit.ly/fGNEw9

(Reporting by Reuters Health; editing by [Elaine Lies](#))

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