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Dear Member of the Media:

Traditionally, patients with an early stage of the most malignant form of testicular cancer underwent two major surgeries--one to remove the testes and another to clear the lymph nodes. Now, the majority need only endure removal of the testes, eliminating the potential complications of a second major surgery. The current state of treatment for testicular cancer is summarized by two University Hospital(UH) physicians in the July issue of Urology.

Testicular cancer is one of the most common cancers in men aged 15 to 34. Nonseminomatous cancer, the most common subtype, has been the hardest to treat. Today, 80 percent of men who develop this cancer can be cured compared with only 10 percent 15 years ago. Now the focus of research is to refine the treatment and minimize its side effects.

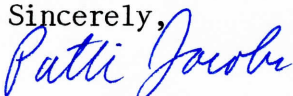
Changes in treatments are the result of prognostic-model research. Prognostic models are models of symptoms, laboratory studies, related factors and treatments--developed through retrospective studies--that can help predict the effectiveness of a treatment at each stage of a disease.

"The goal of this prognostic-model research is to refine treatment decisions to select the most appropriate treatment for individual patients," says Paul Hesketh, M.D., a UH medical oncologist and an author of the article.

Another important treatment modification made possible by prognostic models involves the management of late stage cancers that were traditionally treated by removing the testes and administering chemotherapy, which was often toxic to other organs in the body. Physicians can now distinguish between low-risk and high-risk cancers and can, therefore, justify giving intensive chemotherapy to one patient and not to another.

If you would like to interview Dr. Hesketh, please give me a call at (617) 638-8491.

Sincerely,



Patti Jacobs
Manager of Media Relations
The University Hospital