# Provision of Male Reproductive Health Services
# Recommendations and Rationale

## Recommendations

Male Reproductive Health Care Program Protocols should include the following recommendations:

1. All male clients requesting STD screening, testing and/or treatment should be offered visual and manual examination of the genitalia.
2. All male clients requesting STD screening, testing and/or treatment should be offered information about self testicular examination at a minimum through provision of written materials. When at all possible, male clients should receive verbal instruction and demonstration.
3. All males seeking a general medical examination should receive an age appropriate male genitourinary examination.

   *What is an age appropriate GU exam?*
   Males at any age should have examination of penile, scrotal, and inguinal structures. Prostate exams in asymptomatic men should be included at age 50 or earlier [40- 45 years] if men are deemed at risk for prostate cancer.

## Rationale

The recommendations listed above were prompted by several factors. These range from lack of research in the area of testicular cancer screening, clinician expertise, client issues such as ignorance and denial, to the medical, financial and psychosocial benefits of early diagnosis and treatment.

## Controversy/Lack of Research

In its section on Clinical Considerations, the United States Public Health Services Task Force (USPSTP) states: "*Clinicians should be aware of testicular cancer as a possible diagnosis when young men present to them with suggestive signs and symptoms*". In fact, such "signs" can only be elicited by competent examination. The section goes on to state: "*There is some evidence that patients who present initially with symptoms of testicular cancer are frequently diagnosed as having epididymitis, testicular trauma, hydrocele or other benign disorders. Efforts to promote prompt assessment and better evaluation of testicular problems may be more effective than widespread screening as a means of promoting early detection".* The suggested "prompt assessment and better evaluation" can only come through routine male genital examination by trained providers.

In its search for evidence, the USPSTF failed to find studies addressing its key questions: "*Does screening lead to decreased morbidity and mortality from testicular cancer*?" and "*Is there evidence of harms associated with screening?*" The absence of studies, does not answer these questions. To answer them, studies would have to be performed. In its summary, the USPSTF notes: "with current treatment regimens, outcomes are very favorable, with 5-year survival greater than 90%." Though this is true, discovering and treating testicular cancer as early as possible decreases the morbidity often associated with chemotherapy, radiotherapy and retroperitoneal surgery in advanced cases. In addition, therapies for advanced

cancers are expensive and often not available to members of disadvantaged communities.

The large distinguished Task Force includes many representatives of the Family Medicine, Public Health, Internal Medicine, Pediatrics and even Nursing and Obstetrics & Gynecology. However, it is dismaying and disturbing to note that no urologist is listed among the participants. Reconsideration of the recommendations should be considered after reconvening the Task Force with the inclusion of urologists.

**Clinician Expertise**

Testicular screening should not be considered the sole reason for performing male genital examination. Genital and inguinal examination should be an integral, usual and customary part of the evaluation of the male patient. Males who are being seen for a general physical exam or for any abdominal or genitourinary complaint are entitled to a genital and inguinal exam performed by providers who are proficient in doing it.

Health care providers are keenly aware of the expertise needed to competently perform any aspect of an examination, to be able to detect early stages of health problems, and correctly diagnose a variety of health issues. Being comfortable with performing an examination requires frequent practice. Recognition of normal anatomy follows repetition and the provider's tactile memory. Variations of normal as well as abnormal findings are then recognizable as departures from the expected.

Providing male reproductive health services demands that clinicians providing such services develop proficiency in performing the male examination. This can only come from regularly examining an adequate number of males.

Unless the health care provider has the consummate skill and experience that comes from having manually examined hundreds of male genitalia, routinely deferring the examination will prevent the provider from developing essential clinical skills. This results in the practitioner not having the ability to recognize normal (and its variations) from abnormal. The result is a reluctance to examine unless pushed by symptomatology. Unfortunately, limiting examination only to those men who have a genital complaint often results in incomplete limited examination without competency.

**Client Issues**

Males have been found to be more reluctant then women to seek medical care and ask questions about health issues, particularly as it relates to their reproductive health care. They are less willing to see clinicians even when sick, tend to minimize symptoms and delay treatment. Some studies have shown that even when faced with symptoms of STDs, a significant number of males delay testing and treatment. This is also the case for testicular cancer. Even though it is easily detected and is one of the most curable cancers, more than 50% are not diagnosed with testicular cancer until the disease has progressed and prognosis is guarded.

> *In general, survival in patients with GCT is related to the stage at presentation and therefore to the amount of tumor burden as well as to the effectiveness of subsequent treatment. Patients who present with advanced*

*disease (stage III) generally have a much poorer prognosis than do those with disease confined to the testis or those with regional nodal involvement only. Delay in diagnosis of 1 to 2 months or more is not uncommon in these patients and seems to be related directly to patient factors such as ignorance, denial, and fear as well as physician factors such as misdiagnosis. Almost half of patients present with metastatic disease ([33] Bosl et al, 1981).* ***The need clearly exists for patient education through programs such as those advocating testicular self-examination. Only through widespread public health techniques will the knowledge of testicular tumors be promulgated so that diagnosis can occur earlier****. Physician-related causes still remain major factors in delay of treatment, which emphasizes the need for continuing education. It is of interest that denial is such a strong force in patients with testicular tumor. Some of these patients present with masses as large as a grapefruit in the scrotal contents.1*

Performing an examination provides a unique opportunity to positively impact on the above issues. Health care providers have a dedicated period of time to talk with, and educate clients about, their sexual health concerns. The examination can be used as a teachable moment and offers another type of opportunity for clients to ask questions, obtain information, learn skills and think about their sexual behaviors. It gives them an opportunity to become exposed to interacting with a health care provider and to develop a trusting relationship. In addition, there is some evidence to suggest that clients' personal comfort level with genital examinations and with their health care provider contribute to positive health behaviors and preventive self health care practices.

The genital examination allows for validation that the male's genitalia are normal. This is of immense importance to most males. In addition, any abnormalities which may not have been noticed by the patient or a previous practitioner can be detected. Undescended testes can be discovered and dealt with. The presence of an inguinal hernia can be identified and arrangements made for repair. And, piece of mind can be given to males who have been concerned about the presence of minor conditions such as hydrocele or epididymal cyst.

**Diagnosis of STDS**

Increasing numbers of males are aware of chlamydia and gonorrhea. They have learned that if they experience an abnormal discharge and/or burning with urination or sexual activity, they may have a sexually transmitted disease or other infection. However, far fewer males know how common HPV is, nor understand the need to inspect their genitalia for painless lesions as well as symptoms of other sexually transmitted health problems.

Genital examination allows for detection of genital warts and HPV-induced precancers, and for appropriate education. Because HPV is the most common sexually transmitted infection and the lesions caused by HPV (genital warts and penile intraepithelial neoplasia) may only be recognized by the trained medical provider, a thorough visual examination can be very beneficial.

Clinician expertise in evaluation of the male genitalia for HPV-induced lesions comes with repeating the process often enough to develop the ability to recognize normal (and its variations) from abnormal. Expertise is particularly needed for differentiation of HPV-induced penile lesions from normal rudimentary hair follicles on the penile

shaft and normal pearly penile papules at the corona. There is at this time no sensitive molecular HPV test for the detection of HPV in male genitalia in the absence of visually identifiable lesions. Genital examination also allows for detection of syphilitic chancres, herpes and other genital pathology.

When a male comes to the clinic seeking STD screening, he is informing the health care provider that he may be at risk. A urine test only screens for two STDs. A genital examination allows for diagnosis of others and may have a great impact on reduction of transmission of HPV and less common STDs.

1 Jerome P. Richie, **MD** Graeme S. Steele, **MD** , Walsh: Campbell's Urology, 8th ed., Copyright © 2002 Saunders, An Imprint of Elsevier, Chapter 8, Neoplasms of the Testis, Clinical Manifestations.