Testicular tumour referral patterns: the emergency department has become a common pathway
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An average of 132 cases of testicular cancer per year have been diagnosed in Ireland over the last 20 years, with incidence increasing over that time (1). Prompt diagnosis and treatment remain a priority but access to outpatient investigation is an issue for GPs. A rapid access testicular cancer clinic in Cork has published positive early results with 25% of patients diagnosed with a testicular tumour and a median time to orchidectomy of 3 days from outpatient referral by GP(2). Another study had a lower diagnostic yield of 4% malignancies but proposed a significant benefit in the reduced time to definitive diagnosis and associated patient stress(3). We have observed a high rate of admission of the patients through the ED.

To carry out an assessment of how patients with testicular cancer are referred for investigation and treatment at our institution. Furthermore we wished to compare this to a decade ago, and finally, to investigate any characteristics associated with referral that influence the preferred pathway.

A retrospective analysis was performed of patients who underwent radical orchidectomy for testicular cancer in our institution from 2012-2014. The referral pathway of these patients was compared to patients undergoing the same procedure from 2002-2004. Further data was analysed for the 2012-2014 group such as indication for referral, duration of symptoms, tumour type and stage.

Over the last three years 47 patients underwent radical orchidectomy for malignancy in SVUH. In total, 32% were admitted through the emergency department (ED), versus 5.8% of patients 10 years ago. Of those admitted through ED 13 were referred by GP, with 2 self referrals. In 66% of cases patients presented with an abnormal feeling testicular mass, 20% were query epididymo-orchitis. The median length of symptoms was 4 weeks. These patients had no difference in tumour stage or nodal disease compared to those referred through outpatients, with 13% and 12.5% positive lymph nodes from ED and outpatients respectively. Seminoma was the most common type of tumour in both groups, 51% in recent years.

There has been a significant increase in testicular tumours referred directly to ED compared to a decade ago. The patients presented with the same stage of disease as those referred through the outpatients. This is a reflection of perceived difficulty in accessing outpatient investigation. A rapid access testicular cancer clinic could provide a better referral pathway. However, as with RAPC it would create increased workload for urologists.

References