

**1: Asian Pacific Journal of Cancer Prevention**

*Smoking-related disease is recognized as one of today's major preventable health problems. In Japan, adolescent smoking rates are still high although the minor under the age of 20 has been.*

May 16, ; Accepted date: May 22, ; Published date: May 30, Citation: J Clin Exp Nephrol 2: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Although the incidence of kidney cancer in Japan is lower than the rates in the other industrialized countries, there is no doubt that it is increasing. In this paper, we would like to introduce the result of epidemiological studies, which evaluate the non-genetic risk factors for kidney cancer in the Japanese population. In addition, we selected one cohort study from the references of these reports. Several studies were identified in the database. In these studies, obesity, diabetes mellitus, hypertension, kidney diseases, chronic renal disease with dialysis, tobacco smoke, fondness for fatty food, milk, and black tea are associated with an increased risk of kidney cancer. On the other hand, an inverse association with the kidney cancer risk is found for an intake of starchy roots i. In Japan, however, drinking black tea and milk may be surrogates for a westernized dietary habit while eating starchy roots may be a surrogate for a traditional Japanese dietary habit. Additional studies are needed to confirm the risk factors for kidney cancer in the Japanese population. However, the incidence of kidney cancer is higher in Japanese Americans than in native Japanese [ 3 ]. These findings suggest that environmental factors i. In addition, we selected one cohort study [ 14 ] from the references of these reports. In this paper, we would like to introduce the result of these studies on the risk factors for kidney cancer in the Japanese population [ 4 - 14 ]. Among them, seven reports [ 5 - 10 , 14 ] were the findings from three large population based cohort studies in Japan [ 13 - 15 ]. The first study is the Hirayama cohort study [ 14 ]. The Hirayama cohort study is a large scale census based cohort study in Japan, which started in In this study, , men and , women were followed up until A total of 14, deaths from cancer including 92 kidney cancer deaths occurred during the 17 years follow up, out of 3,, person-years of observation. The JACC Study, a large population-based cohort study in Japan, is a large-scale prospective study involving , healthy subjects 46, men and 64, women aged 40 to 79 years from 45 areas in 19 prefectures across Japan, which started in Most study subjects were followed up for mortality until the end of However, the incident of cancer was ascertained in only 24 out of 45 study areas in which cancer registries were available, where the mortality-incident rate deviated from 0. The JPHC Study is a population-based prospective cohort study involving , residents, which was launched in for cohort I inhabitants were aged 40 to 59 years in 5 prefectural public health center areas and in for cohort II inhabitants ranged from the ages of 40 to 69 years in 6 prefectural public health center areas. The average follow-up period was over 10 years. On the other hand, Sawada et al. Next is a case control study. Mikami [ 4 ] carried out a case control study pairs of cases and controls in order to evaluate classical risk factors for renal cell carcinoma. The others are studies regarding the risk of renal cancer among dialysis patients compared with the general population. The final study is the summary of annual nation-wide questionnaire studies from to conducted by the Japanese Society for Dialysis Therapy [ 13 ]. Risk Factors Medical conditions Obesity and Diabetes mellitus: Obesity is an established risk factor for kidney cancer in Western countries [ 1 , 2 , 18 - 20 ]. Insulin resistance, which is common in obesity [ 21 , 22 ], contributes a risk factor for numerous cancers [ 21 , 22 ]. In addition, Washio et al. Furthermore, Sawada et al. Diabetes mellitus increases the risk of kidney cancer in some cohort studies in Northern Europe [ 23 , 24 ] and North America [ 25 ], but it is not an established risk factor in Western countries [ 1 , 2 ]. In Southern Europe, Zucchetto et al. In the East Asian countries other than Japan, two studies demonstrated a positive association between diabetes mellitus and the risk of kidney cancer in the Taiwanese population [ 27 , 28 ] while no association was detected between diabetes mellitus and the risk of kidney cancer in the Taiwanese population in another study [ 29 ]. On the other hand, Choi et al. Hypertension [ 1 , 2 , 17 , 31 ] has been reported to be a risk factor for kidney cancer in Western countries [ 1 , 2 , 17 , 24 , 26 ] as well as in East Asian countries e. Kidney infection, kidney stone, kidney cyst and end-stage renal

disease are reported to be risk factors for kidney cancer [ 1 , 2 ]. Recently, Lowrance et al. Regarding end-stage renal failure with dialysis, Bulter et al. In East Asia, Cheung et al. In Japan, Satoh et al. These incidences of kidney cancer among dialysis patients appear higher than the incidence of general population i. Standardized incidence ratios of renal cell carcinoma were 8. In Western countries, tobacco smoking [ 19 , 20 ] has been reported to increase the risk of kidney cancer. In Japan, smoking current smokers vs.

## 2: JoVE | Peer Reviewed Scientific Video Journal - Methods and Protocols

*[et al.] --Smoking in youth: a review / Masakazu Washio [et al.] -- Social marketing for adolescent tobacco use prevention / W. Douglas Evans -- "Do you really need to smoke?": smoking and psychosocial health among adolescents / Bettina F. Piko.*

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*Dr Masakazu Washio MD,PhD. Dr Masakazu Washio ABOUT PUBLICATIONS () NETWORK. ABOUT; PUBLICATIONS ; Smoking in youth: A review. Handbook of Smoking and Health.*

## 4: Smoking and Youth: MedlinePlus

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## 5: - NLM Catalog Result

*Book Description: Cigarette smoking during childhood and adolescence produces significant health problems among young people, including cough and phlegm production, an increase in the number and severity of respiratory illnesses, decreased physical fitness, an unfavorable lipid profile and potential retardation in the rate of lung growth and the level of maximum lung function in addition to.*

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