Kidney cancer:

Risk factors

Environmental: occupational exposure to specific carcinogens, but the literature is inconclusive (1).

Lifestyle: obesity, hypertension, smoking, diabetes (1-3)

Genetic: Having a first -degree relative with RCC (2), VHL, Birt-Hogg Dubé syndrome (BHD) and cystic renal disease, renal medullary carcinoma in sickle haemoglobinopathies, hereditary leiomyomatosis and RCC (HLRCC) tuberous sclerosis, germline succinate dehydrogenase (SDH) mutation, non-polyposis colorectal cancer syndrome, hyperparathyroidism-jaw tumour syndrome, phosphatase and tensin homolog (PTEN) hamartoma syndrome (PHTS), constitutional chromosome 3 translocation, and familial non-syndromic ccRCC (4-7).

Protective: Stop smoking, reduce weight, increase physical activity, moderate alcohol consumption (adopt healthy lifestyle) (1-3).

References

EAU Guidelines on Renal Cell Carcinoma
https://uroweb.org/guideline/renal-cell-carcinoma/


Prostate cancer:

Risk factors
Environmental: Occupational and environmental exposure to carcinogens (Cadmium, insecticides [1,2])

Lifestyle: Smoking (3,4), high alcohol intake (5).

Genetic: family history (6-10), African descent (11, 12) and germline pathologic variants in DNA repair genes (BRCA2, CHEK2, ATM, BRCA1 and PALB2) (13-18).

Other: Inflammatory bowel disease (19), balding (20), gonorrhoea (21), HPV (22).

Protective: Stop smoking, adopt healthy lifestyle, Increased intake of phytoestrogens (23), soy (24), moderate alcohol intake (25), ultraviolet radiation exposure (sun) (26).

References


Bladder cancer:

Risk factors

Environmental: Occupational and environmental exposure in particular aromatic amines, polycyclic aromatic hydrocarbons (1-4), chlorinated and non-chlorinated hydrocarbons (diesel exhaust) (1-5). Exposure to arsenic (1), ionizing radiation and cyclophosphamide and pioglitazone (1, 6, 7). Schistosomiasis (1).

Lifestyle: Smoking (8, 9)

Protective: Stop smoking, adopt healthy lifestyle, including a healthy diet (10-15).

References

EAU Guidelines on Non-muscle-invasive Bladder Cancer (TaT1 and CIS)
https://uroweb.org/guideline/non-muscle-invasive-bladder-cancer/

EAU Guidelines on Muscle-invasive and Metastatic Bladder Cancer


Testis cancer:

Risk factors

Components of the Testicular Dysgenesis Syndrome (TDS): cryptorchidism, hypospadias, decreased spermatogenesis and sub- or infertility, familial history of TCs among first-degree relatives and the presence of a contralateral tumour or GCNIS (1-8).

Protective: in the presence of clinical risk factors, which include family history of TC, family members the patient should be informed about the importance of physical self-examination as stage and prognostic are directly related to early diagnosis [9-11].

References

EAU Testicular Cancer Guidelines
https://uroweb.org/guideline/testicular-cancer/


Penile cancer:

Risk factors

Medical conditions: Phimosis (1, 2, 3), lichen sclerosis (4, 5), Penile Intraepithelial Neoplasia (PeIN) (1), HPV (3, 6, 7), HIV/immune compromise, UVA phototherapy (for f.i. psoriasis) (8)

Lifestyle: Smoking, poor genital hygiene, never married/divorced (9, 10)

General: White Hispanics or African descent (11)

Protective: Circumcision, public health advancements (improved hygiene), HPV vaccination, genital shielding in UVA therapy (8-10)

References

EAU Penile Cancer Guidelines (currently completely revised as a collaborative project including ASCO) https://uroweb.org/guideline/penile-cancer/

General comment relevant for several cancer types: due to more strict workplace regulations, the occupational exposure to carcinogens has decreased.