

POLICY PRIORITIES TO PREVENT CANCER



JULY 2024

Cancer prevention must be a top priority for the UK government

Around 1 in 2 people will face cancer in their lifetime¹, disproportionately affecting vulnerable groups. Approximately 40 per cent of cancers are preventable² by addressing key risk factors such as poor diets, obesity, low physical activity levels, and alcohol consumption, alongside socio-economic disparities and funding shortages. Obesity increases the risk of over 13 different cancers³ while alcohol consumption increases the risk of seven cancers⁴. All these factors also impact outcomes and long-term health after a cancer diagnosis.

A nation and healthcare system in ill health

The Office of Budget Responsibility identifies economic inactivity due to ill health as a significant economic risk⁵. In 2023, 184,000 potentially preventable cancer cases were diagnosed in the UK (out of an estimated 375,000 new annual cases)⁶, costing an estimated £113 bn or 5.07 per cent of annual GDP⁷. From 2023 to 2040, the cost is projected at £113 tn⁷ with an annual cost of at least £90 bn, excluding 2023⁷. Preventable cancer cases diagnosed in 2023 alone cost the healthcare system £3.7 bn, with secondary care accounting for 95 per cent of these costs⁸. With a healthcare system under strain, preventing cancer is essential.

A prescription for policy action

Reducing preventable cancer cases and increasing survival rates is crucial as the population grows and ages. Evidence-based policies, protected from commercial influence, can promote healthy diets, breastfeeding, physical activity, and reduced alcohol intake and reduce preventable cancer cases. These policies also support broader health, economic, and societal goals, including addressing other preventable diseases like diabetes and cardiovascular disease, meeting environmental targets, and reducing inequalities.

We urge the incoming government to take forward proposals in the Tobacco and Vaping Bill to reduce the rates of smoking.

wcrf-uk.org

Prioritising prevention and supporting those living with and beyond cancer

Our 5 priority areas:

- 1 Prioritise cancer prevention across government
- 2 Improve the nation's diet
- 3 Get everyone moving more
- 4 Reduce the nation's alcohol consumption
- 5 Increase support and resources for patients, health professionals, and research

Top 3 priorities for the first 100 days:

- 1 **URGENT:** Implement delayed restrictions on unhealthy food multibuy offers and TV/online advertising
- 2 Reaffirm commitments to halving childhood obesity by 2030
- 3 Commission an independent review to inform the development of a national alcohol strategy

Top 10 priorities for the first year:

- 1 Develop a ring-fenced funded 10-year cancer strategy, supported by an action plan with prevention at the heart
- 2 Implement a new public health act in England to consolidate existing legislation
- 3 Develop an effective cross-government health inequalities strategy and action plan with clear targets
- 4 Invest Soft Drinks Industry levy (SDIL) revenue to improve child health and make healthy foods more affordable, accessible, and available
- 5 Expand eligibility for the School Fruit and Vegetable Scheme (or Healthy Start Scheme) and Free School Meals
- 6 Implement a more robust mandatory front-of-pack food label across all products
- 7 Restrict all unhealthy food locations in high footfall areas both online and in retail stores
- 8 Publish new guidance stating the planning system should promote good health, safe residential areas, reduce health inequalities, and prioritise public health priorities
- 9 Support the inclusion of nutrition and physical activity advice along the cancer treatment pathway
- 10 Implement a long-term, ring-fenced funded Cabinet-led science strategy prioritising cancer prevention research



1 Prioritise cancer prevention across Government

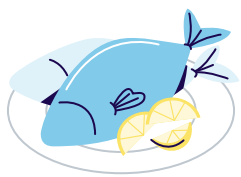
By 2040, an estimated 226,000 new preventable cancer cases will emerge, with 3.7 mn new cases between 2023 and 2040⁸. Furthermore, over 33,000 annual cancer cases are linked to deprivation⁹. During the COVID-19 pandemic, health inequalities widened by 10 per cent in England compared to the last 5 years. Those in the least deprived areas can expect to live 19 more years in good health than those in the most deprived areas.

Strategy and coordination:

- **First year:** Develop a 10-year cancer strategy with ring-fenced funding, focusing on prevention and modifiable risk factors, throughout society and across the life course.
- **First year:** Implement a new public health act in England consolidating existing legislation, prioritising health and wellbeing.
- **First year:** Develop a cross-government health inequalities strategy and action plan with clear targets.
- **Additional measures:** Enhance coordination and leadership across government to focus on cancer prevention and modifiable risk factors.

Public health funding:

- Review public health funding to emphasize prevention.
- Invest an additional £0.9 bn in local public health budgets in England, with equivalent investments in devolved nations.



2 Improve the nation's diet

Obesity, which is linked to more than 13 cancer types, is the UK's biggest cause of cancer after smoking, causing 1 in 20 cancers in the UK². If insufficient action is taken, obesity will overtake smoking as the number 1 risk factor. In 2021, nearly 26 per cent of adults in England were living with obesity¹⁰. Between 2022–2023, 9.2 per cent of reception children and 22.7 per cent of year 6 children were living with obesity¹¹. The NHS spends an estimated £6.5 bn annually on obesity-related diseases¹². Obesity rates are higher in deprived areas, with the poorest 20 per cent needing to spend 50 per cent of their disposable income on food to meet dietary recommendations in 2023¹³.

Halving childhood obesity:

- **First 100 days:** Reaffirm commitments to halving childhood obesity by 2030.
- **Additional measures:** Support international efforts and cooperation through participation of WHO's Global Obesity Coalition.



Advertising and marketing:

- **URGENT – First 30 days:** Implement delayed restrictions on unhealthy food multibuy offers and TV/online advertising.
- **Additional measures:** Expand food advertising restrictions, limit outdoor ads and sports sponsorships by junk food brands, regulate child-friendly marketing, and restrict unhealthy food locations in high-traffic areas both online and in stores.
- **Additional measures:** Close legal loopholes on misleading marketing that undermine breastfeeding and appropriate formula feeding.

Fiscal measures:

- **First year:** Invest Soft Drinks Industry Levy (SDIL) revenue to improve child health, make healthy foods more affordable, and introduce new fiscal measures to promote reformulation of unhealthy products and increase proportion of healthier food and drink options sold.
- **Additional measures:** Restrict energy drink sales to children under 16 and extend the SDIL to milk-based drinks.

School meal standards:

- **First year:** Expand eligibility for the School Fruit and Vegetable Scheme (or Healthy Start Scheme) and Free School Meals, improve food standards in line with current dietary guidance in schools, hospitals, and government facilities.
- **Additional measures:** Introduce planning restrictions for unhealthy food outlets near schools, implement mandatory reporting to monitor and uphold school food standards.

Labelling:

- **First year:** Implement a more robust mandatory front-of-pack food label across all products.
- **Additional measures:** Ensure high-fat, salt, and sugar (HFSS) products (as classified under the Nutrient Profile Model) do not make health or nutrition claims on packaging or marketing.

Planning:

- **First year:** Restrict unhealthy food locations in high footfall areas both online and in retail stores.
- **Additional measures:** Empower local authorities to control local food environments and support businesses in increasing healthy food options.



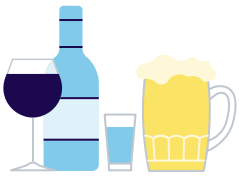
3 Get everyone moving more

Physical activity decreases the risk of three cancer types and indirectly reduces cancer risk by maintaining healthy body weight¹⁴. Low physical activity causes 1 per cent of all cancers². Between 2021-2022, 63.1 per cent of the population met UK physical activity guidelines¹⁵. From 2020 to 2021, 44.6 per cent of children aged 5-16 met the Chief Medical Officers' (CMO) guidelines of 60 minutes of daily activity¹⁶.

- **First year:** Publish new guidance promoting health in planning systems.

Additional measures:

- Enhance accessibility to physical activity by implementing active design guidelines, increasing green spaces, and prioritising walking and cycling infrastructure.
- Integrate physical activity with the NHS and community services, training healthcare professionals to promote physical activity in both inpatient and outpatient settings.
- Continue £57 mn Opening School Facilities investment to provide activity spaces for disadvantaged children during holidays.
- Extend the PE and sport premium until 2030, ensuring children get at least 60 minutes of daily physical activity, including 30 minutes in school (as outlined in the School Sport and Activity Action Plan).



4 Reduce the nation's alcohol consumption

Alcohol consumption increases the risk of seven cancer types, causing 3-4 per cent of UK cancer cases²

Around 10 mn people in England exceed the CMO's low-risk guidelines, including 1.7 mn high-risk drinkers¹⁷. In 2012 the annual cost of alcohol harm to the NHS is estimated to be approximately £3.5 bn, with a wider societal cost of £21 bn¹⁷.

First 100 days: Commission an independent review to develop a national alcohol strategy.

Additional measures:

- Implement a national alcohol strategy informed by the independent review, including measures to:
 - Classify alcohol as an 'unhealthy product' under HFSS marketing restrictions, overseen by an independent body.
 - Introduce mandatory alcohol product labelling on health risks, including risks associated with cancer.
 - Implement and review minimum unit pricing for alcohol in England and Northern Ireland to prevent the sale of ultra-cheap high strength drinks, adjusting for inflation.
 - Ensure alcohol duty keeps pace with inflation, taxing stronger products at a higher rate.



5 Increase support and resources for patients, health professionals, and research

Despite established links between diet, physical activity and cancer, resources and support for patients and healthcare professionals remain insufficient. Furthermore, cancer research funding, which dropped by 8 per cent due to the COVID-19 pandemic, needs more support¹⁸. Investing in cancer research provides excellent value for money, generating £2.80 of economic benefit for every £1 invested¹⁹. However, only 5.5 per cent of the total expenditure in cancer research is on prevention (£35 mn out of £628 mn in 2020/21)²⁰.

Patients:

- Include expert nutrition and physical activity advice in the NHS for anyone along the cancer treatment pathway.
- Incorporate nutrition and physical activity questions in the National Cancer Patient Experience Survey.
- Make prehabilitation a mandatory requirement for NHS Trusts to offer cancer patients, with funds available for prehabilitation programmes to be developed and evaluated

Health professionals:

- National rollout of nutrition and cancer in medical school curricula.
- Improve access to training for healthcare professionals on nutrition in primary care and public health settings.

Research and data:

- **First year:** Implement a long-term, ring-fenced funded Cabinet-led science strategy featuring cancer prevention, which must include measures to:
 - Increase funding and support for research resources and infrastructure, focusing on cancer prevention research activities.
 - Enhance government support for indirect costs of charity investment in universities.
 - Participate in international research collaborations like Horizon Europe.
 - Collaborate with public funders and charities to ensure rapid, patient-centric research translation.



References:

1. Overview Cancer. NHS. Accessed May 2024, [nhs.uk/conditions/cancer/](https://www.nhs.uk/conditions/cancer/)
2. Cancer incidence statistics – Preventable Cancers. Cancer Research UK. Accessed May 2024, [cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-Three](https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-Three)
3. Obesity, weight gain and cancer risk. World Cancer Research Fund International. Accessed May 2024, [wcrf.org/obesity-cancer-risk](https://www.wcrf.org/obesity-cancer-risk)
4. Alcoholic drinks and cancer risk. World Cancer Research Fund International. Accessed May 2024, [wcrf.org/alcohol-cancer-risk](https://www.wcrf.org/alcohol-cancer-risk)
5. Fiscal risks and sustainability. 2023. obr.uk/docs/dlm_uploads/Fiscal_risks_and_sustainability_report_July_2023.pdf
6. Cancer incidence statistics – Cancer incidence for all cancers combined. Cancer Research UK. Accessed May 2024, [cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-Zero](https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk#heading-Zero)
7. Cost of preventable cancers in the UK to total £1.88 TN from 2023 to 2040. frontier economics. Accessed May 2024, frontier-economics.com/uk/en/news-and-insights/news/news-article-i20141-cost-of-preventable-cancers-in-the-uk-to-rise/
8. The societal and economic costs of preventable cancers in the UK. 2023. September 2023. Accessed May 2024. frontier-economics.com/uk/en/news-and-insights/news/news-article-i20141-cost-of-preventable-cancers-in-the-uk-to-rise/
9. Cancer incidence for common cancers – incidence of common cancers by deprivation. Cancer Research UK. Accessed May 2024, [cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared](https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared)
10. Obesity Profile: short statistical commentary May 2023. Accessed May 2024, [gov.uk/government/statistics/obesity-profile-update-may-2023/obesity-profile-short-statistical-commentary-may-2023](https://www.gov.uk/government/statistics/obesity-profile-update-may-2023/obesity-profile-short-statistical-commentary-may-2023)
11. Public Health Profiles. Office for Health Improvement and Disparities. Accessed May 2024, [fingertips.phe.org.uk/search/obesity](https://www.fingertips.phe.org.uk/search/obesity)
12. Estimating the full costs of obesity. 2022. [frontier-economics.com/media/hgwd4e4a/the-full-cost-of-obesity-in-the-uk.pdf](https://www.frontier-economics.com/media/hgwd4e4a/the-full-cost-of-obesity-in-the-uk.pdf)
13. Goudie S. The Broken Plate 2023 The State of the Nation's Food System. 2023. [foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL.pdf](https://www.foodfoundation.org.uk/sites/default/files/2023-10/TFF_The%20Broken%20Plate%202023_Digital_FINAL.pdf)
14. Physical activity and cancer risk. World Cancer Research Fund International. Accessed May 2024, [wcrf.org/diet-activity-and-cancer/risk-factors/physical-activity-and-cancer-risk/](https://www.wcrf.org/diet-activity-and-cancer/risk-factors/physical-activity-and-cancer-risk/)
15. Adults' activity levels in England bounce back to pre-pandemic levels. Sport England. Accessed May 2023, [sportengland.org/news/adults-activity-levels-england-bounce-back-pre-pandemic-levels](https://www.sportengland.org/news/adults-activity-levels-england-bounce-back-pre-pandemic-levels)
16. Official Statistics – Physical activity data tool: statistical commentary, January 2022. Office for Health Improvement & Disparities. Accessed May 2024, [gov.uk/government/statistics/physical-activity-data-tool-january-2022-update/physical-activity-data-tool-statistical-commentary-january-2022](https://www.gov.uk/government/statistics/physical-activity-data-tool-january-2022-update/physical-activity-data-tool-statistical-commentary-january-2022)
17. Alcohol treatment services – A briefing by the National Audit Office. 2023:13. [nao.org.uk/wp-content/uploads/2023/02/alcohol-treatment-services.pdf](https://www.nao.org.uk/wp-content/uploads/2023/02/alcohol-treatment-services.pdf)
18. Impact of COVID-19 pandemic on research spend. NCRI. Accessed May 2024, [ncri.org.uk/c52-impact-of-covid-19-pandemic-on-research-spend/](https://www.ncri.org.uk/c52-impact-of-covid-19-pandemic-on-research-spend/)
19. Sussex J, Feng Y, Mestre-Ferrandiz J, et al. Quantifying the economic impact of government and charity funding of medical research on private research and development funding in the United Kingdom. BMC Medicine. 2016/02/24 2016;14(1):32. doi:10.1186/s12916-016-0564-z
20. Spend by Research & Disease Site. NCRI. Accessed May 2024, [ncri.org.uk/how-we-work/cancer-research-database/spend-by-research-category-and-disease-site/](https://www.ncri.org.uk/how-we-work/cancer-research-database/spend-by-research-category-and-disease-site/)

About us

World Cancer Research Fund examines how diet, weight and physical activity affect your risk of developing and surviving cancer. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982. While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives – free from the devastating effects of cancer.



Preventing cancer. Saving lives

World Cancer Research Fund, 140 Pentonville Road, London N1 9FW

Call 020 7343 4200 Email policy@wcrf.org

[wcrf-uk.org](https://www.wcrf-uk.org)

[f facebook.com/WoCRF](https://www.facebook.com/WoCRF)

[X twitter.com/WCRF_UK](https://twitter.com/WCRF_UK)

[in linkedin.com/company/wcrf](https://www.linkedin.com/company/wcrf)



Scan the QR code to find more information on our policy resources and our policy work

