

Call for Evidence – National Cancer Plan for England April 2025

Prevention and awareness

1. Which cancer risk factors should the government and the NHS focus on to improve prevention? (Select the 3 most important risk factors)

- *Alcohol*
- *Tobacco*
- *Obesity*
- *Physical inactivity*
- *UV radiation*
- *Air pollution*
- *I don't know*
- *Other (please specify)*

Awareness and prevention are distinct, with prevention comprising three categories targeting different audiences:

- Primary - interventions that stop a cancerous process from developing by addressing modifiable risk factors.
- Secondary - discovers and controls cancerous or precancerous conditions, eg screening.
- Tertiary - reduces morbidity and improves outcomes for those living with and beyond cancer.

Globally, prevention is often neglected in cancer plans¹, despite 40% of cancers being preventable². With preventable cancers costing the NHS £3.7bn in 2023, England's National Cancer Plan (NCP) must prioritise prevention³. Though broader than the NCP's remit, it should still drive progress on primary cancer prevention by:

- **Distinguishing awareness and prevention.**
- **Defining the three prevention categories with specific actions, targets, indicators, and dedicated funding for each.**

¹ Romero Y, Tittenbrun Z, Trapani D, Given L, Hohman K, Cira MK, et al. The changing global landscape of national cancer control plans. 2024. The Lancet Oncology 2025;26:e46–54. doi: [10.1016/S1470-2045\(24\)00405-4](https://doi.org/10.1016/S1470-2045(24)00405-4)

² Islami F, Marlow EC, Thomson B, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States, 2019. CA Cancer J Clin. 2024;74(5):405-432. doi: [10.3322/caac.21858](https://doi.org/10.3322/caac.21858)

³ Frontier Economics. Cost of preventable cancers in the UK to rise. 2023. Available at: <https://www.frontier-economics.com/uk/en/news-and-insights/news/news-article-i20141-cost-of-preventable-cancers-in-the-uk-to-rise/>

- **Ensuring tertiary prevention measures protect cancer survivors from environments that may have contributed to their illness.**

Whilst a holistic approach is essential, we acknowledge resource constraints and therefore recommend prioritising tobacco, obesity and alcohol – which are linked to health inequalities and other chronic diseases.

- **The NCP should align with other health programmes eg 10-Year Health Plan.**

Tobacco remains the leading risk factor for cancer in England⁴. The Government has taken concerted action to reduce smoking prevalence, particularly through the Tobacco and Vapes Bill. The NCP must apply similar efforts to address obesity and alcohol.

Overweight and obesity is a well-established risk factor for 13 cancer types⁵. It is the second largest modifiable risk factor after smoking, yet the leading cause of bowel, kidney, ovarian and liver cancer in the UK⁶. By 2043, overweight and obesity is projected to become the greatest preventable cause of cancer among UK women⁷. The NCP should:

- **Foster environments that reduce physical inactivity and promote accessible, healthy diets.**
- **Drive forward the ‘Recipe for Health’ report⁸ recommendations and the National Food Strategy⁹ health objectives.**
- **Consider pharmacological treatments, without exacerbating health inequalities.**

Alcohol is a well-established risk factor for 7 cancers¹⁰, with risks present at low levels of consumption¹¹. Yet public awareness remains low¹² and policy does not reflect this risk.

⁴ Action on Smoking and Health (ASH). Smoking and Cancer Fact Sheet. Available at: <https://ash.org.uk/uploads/Smoking-and-Cancer-Fact-Sheet.pdf?v=1692800564>

⁵ World Health Organisation. WHO European Regional Obesity Report. Copenhagen: WHO Regional Office for Europe. 2022.

⁶ Brown, K.F., Rumgay, H., Dunlop, C. *et al*. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *Br J Cancer* 118, 1130–1141 (2018). doi: [10.1038/s41416-018-0029-6](https://doi.org/10.1038/s41416-018-0029-6)

⁷ Cancer Research UK. Together we will beat cancer WHEN COULD OVERWEIGHT AND OBESITY OVERTAKE SMOKING AS THE BIGGEST CAUSE OF CANCER IN THE UK? 2018. Available at:

https://www.cancerresearchuk.org/sites/default/files/obesity_tobacco_cross_over_report_final.pdf?_gl=1

⁸ House of Lords Food, Diet and Obesity Committee. Recipe for health: a plan to fix our broken food system. 2024. Available at: <https://publications.parliament.uk/pa/ld5901/ldselect/ldmfdo/19/19.pdf>

⁹ UK Government. Leading Food Experts Join Government Food Strategy to Restore Pride in British Food. 2025. Available at: <https://www.gov.uk/government/news/leading-food-experts-join-government-food-strategy-to-restore-pride-in-british-food>

¹⁰ World Cancer Research Fund. Alcoholic Drinks. Available at: <https://www.wcrf.org/wp-content/uploads/2024/10/Alcoholic-Drinks.pdf>

¹¹ Alcohol Change UK. Alcohol Harm Across the Drinking Spectrum. 2025. Available online: <https://s3.eu-west-2.amazonaws.com/sr-acuk-craft/documents/Alcohol-harm-across-the-drinking-spectrum-2.pdf>

¹² Buykx P, Li J, Gavens L, Hooper L, Lovatt M, Gomes de Matos E, Meier P, Holmes J. Public awareness of the link between alcohol and cancer in England in 2015: a population-based survey. *BMC Public Health*. 2016 Nov 30;16(1):1194. doi: [10.1186/s12889-016-3855-6](https://doi.org/10.1186/s12889-016-3855-6)

Concerningly 21% of heavy drinkers are aged 65+, facing higher cumulative cancer risk¹³. The NCP should support wider Government action to:

- **Introduce mandatory health warnings (highlighting cancer risk) and calorie labels, minimum unit pricing and marketing restrictions, within a National Alcohol Strategy.**
- **Introduce tertiary prevention measures to reduce consumption among cancer survivors, which can impact treatment effectiveness and increase recurrence risks¹⁴.**

Living with and beyond cancer

2. What can the government and the NHS do to improve the support that people diagnosed with cancer, treated for cancer, and living with and beyond cancer receive? (Select the 3 actions that would have the most impact)

- *Provide more comprehensive, integrated and personalised support after an individual receives a cancer diagnosis and (if applicable) after treatment*
- *Improve the emotional, mental health and practical support for patients, as well as their partners, family members, children and carers*
- *Offer targeted support for specific groups, such as ethnic minority cancer patients, children and bereaved relatives*
- *Increase the number and availability of cancer co-ordinators, clinical nurse specialists and other staff who support patients*
- *Increase the support to hospice services and charities who provide care and support for patients*
- *Improve access to high-quality, supportive palliative and end-of-life care for patients with incurable cancer*
- *I don't know*
- *Other (please specify)*

In 2025 3.5mn people are living with and beyond cancer (LWBC) in the UK¹⁵, increasing from 3mn in 2020, with this trajectory set to continue. The growing and ageing population, alongside gradual improvements in cancer diagnosis and treatment, mean that more people are living

¹³ NHS Digital. Health Survey for England, 2022 Part 1. 2024. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/health-survey-for-england-2022-part-1-data-tables>

¹⁴ Phillips C. In People with Cancer, Heavy Drinking is Common. National Cancer Institute. 2023. Available at: <https://www.cancer.gov/news-events/cancer-currents-blog/2023/cancer-survivors-alcohol-drinking-common>

¹⁵ Macmillan Cancer Support. Cancer Prevalence. 2025. Available at: <https://www.macmillan.org.uk/about-us/what-we-do/research/cancer-prevalence>

longer after their diagnosis. Therefore, there is a growing need for improved information and support.

Comprehensive, integrated and personalised support

As a charity that provides nutritional support to those LWBC, we know first-hand the needs of patients and the related support they require. Chemotherapy can impact on the amount and types of food patients can eat, significantly increasing their risk of malnutrition, leading to poorer outcomes as patients may need to pause or stop treatment.

Prehabilitation, a programme of support for those preparing for cancer treatment covering diet and physical activity as well as mental health, has many benefits including fewer side-effects and less time spent recovering in hospital¹⁶.

The health-related behaviours of those LWBC are also crucial for their long-term health and wellbeing. WCRF's research shows that physical activity in particular results in improved quality of life¹⁷.

The NCP should:

- **Include provisions along the NHS cancer treatment pathway and in primary care settings for those LWBC to access expert nutrition and physical activity advice.**
- **Include questions in the National Cancer Patient Experience Survey about dietary advice and physical activity to better understand how patients are being supported and offered information.**
- **Offer prehabilitation as standard in all NHS Trusts, with funds available for development and evaluation.**

Staff supporting cancer patients

The NCP must increase the number and availability of specialists, including Oncology Specialist Dietitians. Evidence suggests that many people living with cancer don't have access to a specialist dietitian to help manage side effects related to eating or wait many months for an NHS appointment¹⁸. Those LWBC must also be provided with specialist nutrition and physical activity advice to support their long-term health and wellbeing. The NCP should:

- **Ensure that staff supporting cancer patients are equipped to provide nutritional and physical activity advice by;**

¹⁶ World Cancer Research Fund International. Cancer Prehabilitation. 2024. Available at: <https://www.wcrf.org/living-well/living-with-cancer/cancer-prehabilitation/>

¹⁷ World Cancer Research Fund International. Dietary and lifestyle patterns for cancer prevention: evidence and recommendations from CUP Global. 2025. Available at: https://www.wcrf.org/wp-content/uploads/2025/04/DLP_Full_Report_FINAL.pdf

¹⁸ World Cancer Research Fund International. Cancer and Nutrition Helpline Impact Report Year 1. 2024. Available at: <https://www.wcrf.org/wp-content/uploads/2024/10/Cancer-and-Nutrition-Helpline-Y1-Web-version.pdf>

- **Improving access to nutrition and physical activity training for healthcare professionals in health care settings.**
- **Providing evidenced-based resources to health professionals, developed with cancer charities.**

Support charities

Cancer charities have extensive expertise allowing them to provide unparalleled services to patients such as WCRF's cancer and nutrition helpline staffed by Oncology Specialist Dietitians. Our free to access service provides evidence-based advice to patients and counteracts misinformation online around nutrition and cancer, protecting patients from those seeking to take advantage of their vulnerable situation. Beyond utilising expertise, increased support for charities could alleviate pressures on the NHS. The NCP should:

- **Include the cancer charity sector as a key delivery partner for NHS cancer services and provide financial aid to charities supporting those LWBC.**
- **Ensure cancer patients are signposted to charity support services.**

Research and innovation

3.How can the government and the NHS maximise the impact of data, research and innovation regarding cancer and cancer services? (Select the 3 actions that would have the most impact)

- *Improve the data available to conduct research*
- *Improve patient access to clinical trials*
- *Increase research into early diagnosis*
- *Increase research into innovative treatments*
- *Increase research on rarer and less common cancers*
- *Speed up the adoption of innovative diagnostics and treatments into the NHS*
- *I don't know*
- *Other (please specify)*

Cancer prevention and survivorship research

WCRF is disappointed that cancer prevention and survivorship research was omitted from the options provided. The British Doctors Study, which first established the health impacts of smoking¹⁹, demonstrates the importance of cancer prevention research and Britain's leading role. While the evidence base on tobacco is well-established, further research on other modifiable factors is required. In 2020/21, just 5.5% of cancer research funding was allocated to

¹⁹ Di Cicco ME, Ragazzo V, Jacinto T. Mortality in relation to smoking: the British Doctors Study. *Breathe* (Sheff). 2016 Sep;12(3):275-276. doi: <https://doi.org/10.1183/20734735.013416>

prevention, and 4.65% to survivorship - £35mn and £29mn out of £628mn, respectively²⁰. The NCP should:

- **Provide and facilitate increased funding for research on cancer prevention and survivorship.**

Our Global Cancer Update Programme²¹ systematically evaluates global research on diet, nutrition, physical activity, and body weight regarding cancer risk and survival, making WCRF best placed to set recommendations for future research.

We welcome an opportunity to share our detailed and specific recommendations for cancer prevention and survivorship research.

A summary of WCRF's recommendations for future research on cancer survivorship include:

- **Conducting well-designed clinical trials, accounting for cancer sub-types, timing and types of treatment, and other patient characteristics.**
- **Using more accurate methods to assess pre-diagnosis dietary intake, physical activity and body weight.**
- **Providing further information on the biological pathways that may explain the relationships between diet, nutrition, physical activity, body weight and cancer/non-cancer outcomes.**

The above recommendations originate from our recent reviews of the latest evidence on colorectal cancer²² and breast cancer²³.

More broadly, the NCP must foster an environment that facilitates medical research and be developed in conjunction with the Industrial Strategy. We support the Association of Medical Research Charities' (AMRC) recommendations²⁴ to help translate research ideas into practical applications, embed research in the NHS and increase the Charity Research Support Fund.

Data for research

²⁰ National Cancer Research Institute. Spend by Research & Disease Site. Available at: <https://www.ncri.org.uk/how-we-work/cancer-research-database/spend-by-research-category-and-disease-site/>

²¹ World Cancer Research Fund International. About the Global Cancer Update Programme. Available at: <https://www.wcrf.org/research-policy/global-cancer-update-programme/about-the-global-cancer-update-programme/>

²² World Cancer Research Fund International. Diet, nutrition, physical activity and body weight for people living with and beyond colorectal cancer. The latest evidence, our guidance for patients, carers and health professionals, and recommendations for future research. 2024. Available at: wcrf.org/diet-activity-and-cancer/global-cancer-update-programme/cancer-survivors

²³ World Cancer Research Fund International. Diet, nutrition, physical activity and body weight for people living with and beyond breast cancer. The latest evidence, our guidance for patients, carers and health professionals, and recommendations for future research. 2024. Available at: wcrf.org/diet-activity-and-cancer/global-cancer-update-programme/cancer-survivors

²⁴ Association of Medical Research Charities. AMRC Industrial Strategy Response 2024. Available at: <https://www.amrc.org.uk/Handlers/Download.ashx?IDMF=890de72e-52ab-4407-b190-f7290f2bf45c>

WCRF warmly welcomed the Government's announcement to develop a new Health Data Research Service²⁵. The Service must address the challenges researchers face in gaining ethical approval for data linkage with cancer registries, an issue WCRF grant holders have raised with us.

The NCP must aid the following recommendations:

- **Develop the new Health Data Research Service in conjunction with cancer research charities, and with urgency:**
 - **Improve access to primary care data for cancer research.**
 - **Provide funding beyond March 2025 to Secure Data Environments (SDEs).**
- **Ethical approval criteria must proportionately evaluate risks against public health benefits and expedite approvals for cancer research.**

Clinical trials

The Institute of Cancer Research (ICR) found that cancer trial recruitment in England has been damaged by the Covid-19 pandemic, falling 59% in 2020/21²⁶. WCRF therefore warmly welcomed the Government's commitment to fast-tracking the set-up of clinical trials²⁷. We support AMRC's and ICR's relevant recommendations, which the NCP must help to address, including:

- **Encouraging people to sign-up to Be Part of Research, investing in NHS DigiTrials and supporting charity patient recruitment and decentralised trials.**
- **Developing specific measures to increase recruitment from underrepresented groups²⁸.**

Inequalities

4. In which of these areas could the government have the most impact in reducing inequalities in incidence (cases of cancer diagnosed in a specific population) and outcomes of cancer across England? (Select the 3 actions that would have the most impact)

- *Improving prevention and reducing the risk of cancer*

²⁵ UK Government. Prime Minister Turbocharges Medical Research. 2025. Available at: <https://www.gov.uk/government/news/prime-minister-turbocharges-medical-research>

²⁶ Institute of Cancer Research (ICR). Clinical Trials in Cancer: Barriers in access to clinical trials, especially in light of the Covid-10 pandemic. 2021. Available at: https://www.icr.ac.uk/docs/default-source/migrated-documents/corporate-docs--accounts--and-annual-reports/icr-report-clinical-trials-in-cancer.pdf?sfvrsn=d6a98401_2

²⁷ UK Government. Prime Minister Turbocharges Medical Research. 2025. Available at: <https://www.gov.uk/government/news/prime-minister-turbocharges-medical-research>

²⁸ World Cancer Research Fund International. Diet, nutrition, physical activity and body weight for people living with and beyond breast cancer. The latest evidence, our guidance for patients, carers and health professionals, and recommendations for future research. 2024. Available at: wcrf.org/diet-activity-and-cancer/global-cancer-update-programme/cancer-survivors

- *Raising awareness of the signs and symptoms of cancer, reducing barriers and supporting timely response to symptoms*
- *Reducing inequalities in cancer screening uptake*
- *Improving earlier diagnosis of cancers across all groups*
- *Improving the access to and quality of cancer treatment*
- *Improving and achieving a more consistent experience across cancer referral, diagnosis, treatment and beyond*
- *Improving the aftercare support for cancer patients*
- *I don't know*
- *Other (please specify)*

Socioeconomic status is associated with cancer incidence and mortality. Deprived communities have greater exposure to modifiable risk factors, are more likely to be diagnosed with cancer at a later stage, and to experience more barriers in accessing cancer services. This means they are overall less likely to survive²⁹, which is unacceptable.

- **The NCP must place health equity at its heart, addressing cancer inequalities at every stage.**

Prevention and risk reduction

Around a tenth of all cancer diagnoses in the UK are linked to deprivation, with an estimated 20,000 extra cases occurring each year in the UK's most deprived areas³⁰. Many of these cases are caused by preventable risk factors, which deprived groups have greater exposure to. Eg smoking rates in the most deprived parts of the country are at least triple those in the least deprived³¹.

The prevalence of overweight and obesity, the second biggest cause of cancer in England, is also highest in the most deprived areas - 71.5% are overweight whilst 35.9% have obesity³². Furthermore, rates are increasing faster in the most deprived groups in England but have levelled off among wealthier groups³³. A significant driver of this is the food environment. Statistics published by the Office for Health Improvement and Disparities in February 2025

²⁹ Ingleby FC, Woods LM, Atherton IM, Baker M, Elliss-Brookes L, Belot A. An investigation of cancer survival inequalities associated with individual-level socio-economic status, area-level deprivation, and contextual effects, in a cancer patient cohort in England and Wales. BMC Public Health. 2022 Jan 13;22(1):90. doi: [10.1186/s12889-022-12525-1](https://doi.org/10.1186/s12889-022-12525-1)

³⁰ Dr Philip Crosbie, Dr Suzanne Johnson, Professor David Shackley . Manchester Cancer Research Centre. Disadvantage and Disease: Finding Solutions to Inequalities in Cancer. Available at: <https://www.mcr.manchester.ac.uk/media/resources/on-cancer/disadvantage-and-disease-finding-solutions-to-inequalities-in-cancer/>

³¹ Public Health England. Smoking Prevalence Data. Available at: <https://fingertips.phe.org.uk/search/smoking#>

³² UK Government. Obesity Profile Short Statistical Commentary. 2024. Available at: <https://www.gov.uk/government/statistics/update-to-the-obesity-profile-on-fingertips/obesity-profile-short-statistical-commentary-may-2024>

³³ UK Health Security Agency. Patterns and Trends in Excess Weight Among Adults in England. 2021. Available at: <https://ukhsa.blog.gov.uk/2021/03/04/patterns-and-trends-in-excess-weight-among-adults-in-england/>

show that the number of fast-food outlets per head of population in the most deprived areas of England are double the level in the least deprived areas, at 147 versus 73 per 100,000³⁴. Moreover, evidence suggests that advertisements for unhealthy food are more concentrated in deprived areas³⁵.

Similar trends are observed with alcohol. People living in deprived areas are much more likely to experience an alcohol-related hospital admission or die of an alcohol-related cause³⁶. Again, environments are a contributor to this, with studies suggesting that increased alcohol advertising may contribute to alcohol-related inequalities³⁷.

Likewise, deprivation is linked to other modifiable cancer risk factors including air pollution, further underscoring the need to focus on primary prevention that reduces these inequalities. Additionally, the public health grant, which is used by local authorities to provide preventative services, has been cut by 26% on a real terms per person basis since 2015/16, with cuts even steeper in more deprived areas³⁸. The NCP must be developed in conjunction with a range of broader measures, including:

- **A Health Inequalities Strategy, developed in alignment with the NCP.**
- **Improved data quality and collection on health inequalities and cancer to enable effective monitoring.**
- **An additional £0.9bn invested in local public health budgets in England to support local authorities to adequately meet local population needs.**

Treatment access and quality, and more consistent experiences of care

Alongside prevention, we recommend the NCP focuses on improving treatment access and quality as well as achieving a more consistent experience for patients across cancer care. Nutrition and physical activity are critical to this, and we refer to our recommendations in our 'Living with and beyond cancer' response.

Priorities for the national cancer plan

³⁴ UK Government. Wider Determinants of Health Statistical Commentary. 2025. Available at: <https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update/wider-determinants-of-health-statistical-commentary-february-2025>

³⁵ Palmer, G., Green, M., Boyland, E. *et al.* A deep learning approach to identify unhealthy advertisements in street view images. *Sci Rep* 11, 4884 (2021). doi: [10.1038/s41598-021-84572-4](https://doi.org/10.1038/s41598-021-84572-4)

³⁶ "Alcohol and Inequalities." Alcohol Change UK. Available at: <https://alcoholchange.org.uk/policy/policy-insights/alcohol-and-inequalities>

³⁷ Institute of Alcohol Studies. Outdoor Alcohol Advertising by Area of Deprivation. 2024. Available at: <https://www.ias.org.uk/report/outdoor-alcohol-advertising-by-area-of-deprivation/>

³⁸ The Health Foundation. Public Health Grant: What It Is and Why Greater Investment Is Needed. 2025. Available at: <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

4. What are the most important priorities that the national cancer plan should address? (Select the 3 most important priorities)

- Prevention and reducing the risk of cancer
- Raising awareness of the signs and symptoms of cancer
- Earlier diagnosis of cancer
- Improving the access to and quality of cancer treatment, including meeting the cancer waiting time standards
- Improving patient experience across cancer referral, diagnosis, treatment and beyond
- Improving the aftercare support for cancer patients
- Reducing inequalities in cancer incidence, diagnosis and treatment
- Other (please specify)

Prevention

With 40% of cancers preventable by addressing modifiable risk factors, primary prevention remains the most sustainable, long-term and cost-effective approach to tackling cancer³⁹. England's current cancer burden is unacceptably high, with the NHS struggling to cope and missing vital referral and treatment targets. This is set to worsen as cancer incidence and mortality will continue rising in England due to a growing and ageing population - further underscoring the need for primary prevention to be prioritised⁴⁰. The NCP must take action to tackle tobacco, overweight and obesity and alcohol in conjunction with the broader Health Mission and forthcoming National Food Strategy. In addition, the fact that each of these modifiable risk factors are exacerbated by deprivation must be addressed.

Treatment access and quality

Alongside primary prevention, actions to improve the access to, and quality of, cancer treatment must be prioritised. WCRF is advocating for the inclusion of nutrition and physical activity support as well as prehabilitation in treatment plans, both of which can lead to improved outcomes and experiences for patients. The NCP must also recognise these actions as forms of tertiary prevention and acknowledge the importance of not exposing those LWBC to environments which could have contributed to their illness. WCRF is also clear that as more evidence on the effect of diet, nutrition, physical activity and body weight on long term health outcomes in cancer survivors is established, treatment must be adapted. Additionally, the NCP must provide increased support for charities delivering services to cancer patients in recognition of their unique expertise and potential to alleviate pressure on the NHS.

³⁹ World Health Organization. Cancer Control: Knowledge into Action, Module 2: Prevention. 2007. Available at: [https://iris.who.int/bitstream/handle/10665/43575/9241547111_eng.pdf?sequence=1​::contentReference\[oaicite:0\]{index=0}](https://iris.who.int/bitstream/handle/10665/43575/9241547111_eng.pdf?sequence=1​::contentReference[oaicite:0]{index=0})

⁴⁰ House of Commons Library: Cancer: summary of statistics (England). 2024. Available at: <https://researchbriefings.files.parliament.uk/documents/SN06887/SN06887.pdf>

Other – Cancer prevention and survivorship research

Over the past decades, research on cancer prevention has yielded significant insights on how to reduce cancer risk, including through diet, nutrition and physical activity. Our WCRF/AICR Cancer Prevention Recommendations⁴¹ were drawn from this evidence and have proven effective in lowering cancer risk. However, as more advanced scientific methods become available, there is a potential to further enhance our understanding of the modifiable causes of cancer. Additionally, as societies evolve, new risk factors emerge and need to be investigated, eg ultra processed foods. Therefore, it is crucial for the cancer prevention research field to remain active.

Cancer survivorship research is equally as important, with the potential to revolutionise treatment and significantly improve cancer outcomes for patients. Our CANDO programme is an example of this. It is a 5-year research scheme taking place across eight hospitals in the UK to investigate how body composition influences the response of breast cancer patients to treatments and the side effects they experience. Importantly, the findings could establish evidence-based recommendations to optimise treatment outcomes and support long-term survivorship in those living with and beyond breast cancer. Currently, research on cancer prevention and survivorship is severely underfunded, which the NCP must help address.

Alongside these priorities, the NCP must aim to address health inequalities at every stage. This is particularly pertinent in regard to prevention as set out above.

⁴¹ World Cancer Research Fund. Our Cancer Prevention Recommendations. Available at: [https://www.wcrf.org/preventing-cancer/cancer-prevention/our-cancer-prevention-recommendations/​;contentReference\[oaicite:0\]{index=0}](https://www.wcrf.org/preventing-cancer/cancer-prevention/our-cancer-prevention-recommendations/​;contentReference[oaicite:0]{index=0})