

A Cancer Prevention Manifesto for 2024

About CancerWatch

CancerWatch is a charity made up of people whose lives have been affected by cancer, and who are passionate about eliminating preventable cancers in the future. We exist to campaign for more effective action to prevent cancer. We believe that currently too little is being done to tackle preventable cancers at their source.

Cancer prevention: the forgotten mission

There are around 1,000 new cancer cases in the UK every day. Taken together those cases are a statistic. Individually each one of those cases is a **story** of someone whose life will be seriously affected or lost to cancer, with family and friends who also suffer.

All of us know someone whose life has been affected by cancer. Yet the evidence tells us that **up to 40% of cancer cases could have been prevented**. Each year many thousands of people are becoming ill and dying who would otherwise have enjoyed many more years of life and good health, because of cancers which could have been prevented.

This is a call for a **new national mission** to minimise and eventually eliminate preventable cancer in the UK. As we achieve this we will:

- Reduce the pain, ill-health, and loss of life caused by preventable cancer.
- Free up precious healthcare resources to spend on treating non-preventable cancers and other healthcare priorities.
- Reduce health inequalities, of which preventable cancers are a key driver.

It is not enough to focus only on treating and researching cancer, as vital as these aspects are. We now need a national drive to eliminate preventable cancers at source. We are calling on all major UK political parties to pick up this challenge and **set out in their coming manifestos how they intend to tackle the scourge of preventable cancer**.

Preventable cancer and its causes

The most preventable cancers are of the lung, bowel, skin (melanoma), breast, oesophageal, bladder, kidney, stomach and pancreas.

It is clear that the biggest causes of preventable cancer are lifestyle factors. Key among these are:

- **Smoking tobacco:** Smoking is considered to be the most preventable cause of cancer. About 13% of the British population still smoke, and about 36,000 people a year die from lung cancer each year.

- **Drinking alcohol:** Alcohol is an important risk factor in many cancers, including breast, bowel and oesophageal cancer. Drinking patterns have changed over time, and can be improved with appropriate action.
- **Food and diet:** Diet is a major risk factor, particularly in relation to obesity, processed and red meat, and insufficient fibre, with growing evidence of a link between ultra-processed food and cancer risk. Obesity is a major cause of cancer, responsible for some 13 different types. Soaring obesity levels in the UK, among the worst in Europe, are largely down to changes in diet and food supply.

Other causes of preventable cancer include excessive sunlight which causes skin cancer, and viruses that cause cervical cancer.

Lung cancer and prevention: There are about 46,000 cases of lung cancer a year in the UK with about 36,000 deaths. Lung cancer accounts for about 20% of all cancer cases in the UK. As smoking is the main risk factor, it is estimated that about 90% of these cases are preventable.

Bowel cancer and prevention: There are about 42,000 cases of bowel cancer (also known as colorectal cancer) a year in the UK, with about 16,000 deaths. It is estimated that 55% of these cases are preventable, with the keys to prevention being high fibre diets, low red meat consumption, physical exercise and reducing both smoking and alcohol.

System change is needed

If we are serious about minimising and eventually eliminating preventable cancer, then our approach needs to go beyond relatively shallow discussions about individuals making healthier choices. The decisions producers and consumers make are shaped by a wide variety of social and economic factors, which can serve to make healthier choices extremely difficult, and unhealthy choices sometimes the rational choice to make.

To seriously bear down on the rates of preventable cancer, we require structural change. We need structural change which seeks to shift our economy and society to a position where cancer-causing products and choices are less prevalent, and healthier alternatives are much more prevalent. Such structural change could also be one of the most important tools we have to tackle the ingrained health inequalities we see in our society.

Structural change should not be principally a matter of restricting personal freedoms. Rather key elements of this approach should include:

1. Modifying commercial behaviours – incentivising or requiring businesses to reformulate their products and marketing so as to minimise consumption which risks cancer.
2. Additional incentives to consumers to change their patterns of consumption
3. Advice, support and information which allows people to consider their behaviours and the risks of these.
4. Strong public health messaging and education.

Three key ideas: A 2024 manifesto for cancer prevention

1. A 'polluter pays' tax on tobacco industry profits to fund comprehensive smoking cessation programmes

The tobacco industry continues to make extraordinary profits on the back of products which kill and place a major burden on public resources. Raising tobacco duties has proved effective in encouraging smokers to reduce and halt their consumption, but these taxes fall almost entirely on consumers. We should finally apply the 'polluter pays' principle to the tobacco industry in order to, among other things, fund the smoking cessation support we need. Examples of 'polluter pay' levies on the tobacco industry exist in other countries, including the US and France, and as recently as 2019 the Westminster government called for ideas on how a polluter pays model could work here.

Smoking cessation support is a highly cost-effective policy intervention, but it needs sustained and higher levels of funding to effectively support smokers to quit, especially the most deprived and hardest-to-reach groups. Stronger support for smoking cessation is fully complementary to the existing smoke free generation policy, and will also be a necessary element if we are to achieve the goal of a smokefree UK by 2030.

In order to ensure that any levy on the tobacco industry comes out of tobacco profits, we support the idea of a 'utility style price cap' developed by the APPG on Smoking and Health which would cap manufacturers' prices for tobacco products at a level that would cover the costs of production and distribution plus a more moderate profit. The APPG estimates that this could raise up to £700 million a year, more than enough to fund a comprehensive smoking cessation service. This measure would also have the additional structural impact of incentivising this industry to begin to shift its investment and interest out of cancer-causing tobacco and into less dangerous products.

2. Mandatory alcohol labelling that provides information on key health risks

Alcohol is an important risk factor in seven cancers, including breast, bowel and oesophageal cancer. Yet, awareness of this risk is relatively low.¹ There is strong evidence that health warning labels on alcohol can be effective in raising awareness of health risks and reducing consumption.² At the moment, consumers are given far more health information on a bottle of orange juice than a bottle of wine.

Unlike smoking, drinking alcohol is not something we should be seeking to eliminate. But we should be seeking a healthier relationship with alcohol. Alcohol labelling can play an important role in this, helping to generate greater awareness and encourage people to moderate their use. Unlike food labelling which must meet mandatory standards, alcohol labelling in the UK currently follows voluntary and industry-run best practice guidelines.

¹ Recent research found that 86% of people knew smoking caused cancer, but only 53% knew that alcohol was a key risk factor for cancer.

² World Health Organisation, 8 November 2021

<https://iris.who.int/bitstream/handle/10665/352519/9789240044449-eng.pdf?sequence=1>

The Irish Government has recently introduced comprehensive health labelling for alcohol products. From 2026, alcohol in Ireland will need to meet mandatory labelling standards, which will include calorie content, risk of consuming when pregnant and risk of liver disease and certain cancers. The UK should follow suit and ensure that consumers in the UK have all the information they need to make informed decisions about their alcohol consumption.

3. A target to minimise the use of ultra-processed foods in school meals

Obesity is a major cause of cancer, and a risk factor for 13 different types of cancer. These include cancers of the breast and bowel (two of the most common types), pancreatic and oesophageal cancer (some of the hardest to treat), as well as cancers of the womb, kidney and liver. The relationship between diet and cancer is complex, but we could make significant in-roads into reducing preventable cancer by improving our food and diet.

One area in which we need to look to do this is ultra-processed foods. The UK has the highest consumption of ultra-processed foods in Europe.³ Growing evidence links ultra-processed foods with increased risk of obesity and some cutting-edge research suggests a 10% increase in ultra-processed food intake is associated with a 10% increased cancer risk.⁴

We should begin by reducing the amount of ultra-processed foods being fed to children in school meals. A study by Imperial College, which looked at the content of school lunches between 2008–2017, found that 64% of the calories in school meals come from ultra-processed foods.⁵ We should set and implement a target to drastically reduce this figure. By doing so we can enable structural change by introducing children from all backgrounds to, and encouraging them to enjoy, eating healthier food from a young age.

³ Faculty of Public Health, 15 June 2020 <https://www.fph.org.uk/media/2957/covid-19-and-food-a-fph-position-paper.pdf>

⁴ [Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort - PMC \(nih.gov\)](#)

⁵ NIHR School for Public Health Research, 20 July 2022 <https://sphr.nihr.ac.uk/news-and-events/news/ultra-processed-foods-make-up-almost-two-thirds-of-britains-school-meals/>