

## Federal Policy Priorities for Cancer Prevention and Survivorship

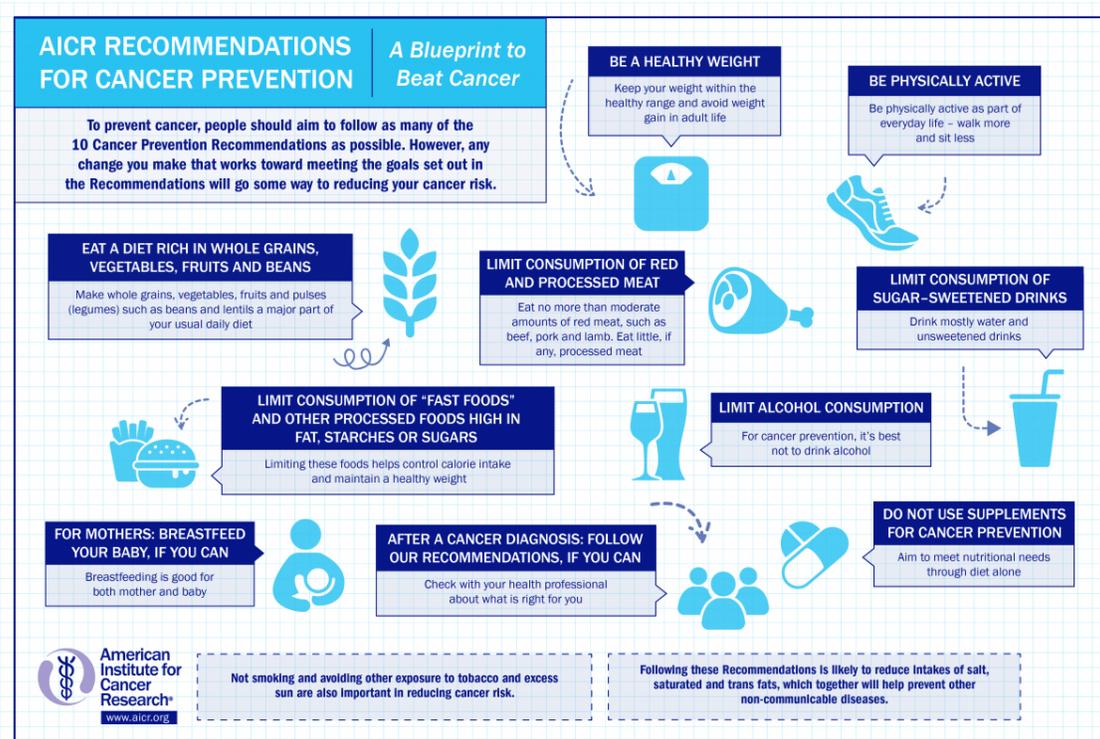
The [American Institute for Cancer Research \(AICR\)](#) is a U.S.-based non-profit organization that champions the latest and most authoritative scientific research on cancer prevention and survival through diet, weight and physical activity to help people make informed choices to reduce their cancer risk. AICR is part of the [World Cancer Research Fund International \(WCRF\)](#) global network of cancer charities that share the same mission and leadership.

AICR recognizes the pivotal role that U.S. federal lawmakers play in achieving this life-saving mission. Thus, AICR advocates for legislation and regulations that provide federal funding, evidence-based policies and access to information and interventions that prevent cancer in the first place and improve outcomes for cancer survivors.

### The Cancer Burden

Cancer is the second leading cause of death in the U.S. and one of the most expensive health conditions. More than 1.9 million people in the U.S. will be diagnosed with cancer this year alone,<sup>1</sup> and roughly two in five Americans will have cancer at some point in their lifetime.<sup>2</sup> While death rates from the disease dropped more than 32% from 1991 to 2019,<sup>3</sup> cancer remains the second leading cause of death, even including deaths from COVID-19 in 2020 and 2021.<sup>4</sup>

This deadly disease is also taking a substantial toll on an already overburdened health care system. Cancer care costs in the United States were more than \$183 billion in 2015, and they are projected to increase to \$246 billion by 2030.<sup>5</sup> Additionally, the danger COVID-19 poses to those with cancer and other diet-related chronic conditions has reemphasized the key role of healthful diets, a healthy body weight and physical activity in prevention and survivorship.



Fortunately, about 40 percent of cancer cases and their costly treatments can be prevented.<sup>6,7</sup> Eating a healthy diet, being active each day and maintaining a healthy weight are—after not smoking—the most important ways to reduce cancer risk.<sup>8</sup> In fact, according to AICR and WCRF's recent Third Expert Report, *Diet, Nutrition, Physical Activity and Cancer: A Global Perspective*, the world's most comprehensive scientific report on these issues to date, being overweight or obese increases the risk for 12 cancers (esophageal, pancreatic, colorectal, endometrial, kidney, post-menopausal breast, gallbladder, ovarian, liver, prostate (advanced), stomach and mouth/ larynx/ pharynx).<sup>9</sup> However, physical activity can help with weight management and protects against three types of cancer (post-menopausal breast, endometrial, and colorectal), regardless of weight.<sup>10</sup> AICR's research also shows that a healthy pattern of eating that includes more whole grains; legumes; fruits and vegetables; fewer red and processed meats; "fast foods" high in sugar, fats and starches; and sugary drinks can reduce weight gain and cancer risk.<sup>11</sup> Avoiding alcohol use also helps to reduce the risk of six types of cancer (breast, esophageal, head and neck, colorectal, stomach and liver), including three types (breast, esophageal, head and neck) for which any amount of alcohol intake increases cancer risk.<sup>12</sup> Following a cancer diagnosis, physical activity and healthy body weight promote survival from breast cancer, improve quality of life and may increase the chance of survival for other cancers as well.<sup>13</sup>

## Overview of Policy Priorities

AICR has identified five policies that are important for helping people make informed choices to reduce their cancer risk and improve cancer survival. They include:

- Nutrition labels that promote informed choices;
- Alcohol labels that educate about cancer risk;
- Federal dietary guidelines that are aligned with cancer prevention research;
- Federal guidelines for physical activity programs and policies that make it easier to follow AICR's [Physical Activity Recommendation](#);
- Increasing federal funding for cancer research, with an emphasis on prevention and healthy lifestyles;
- Access to diet, physical activity and weight loss interventions for people with cancer and cancer survivors.

## Nutrition Labeling

**NEW LABEL / WHAT'S DIFFERENT**

Servings: larger, bolder type

New: added sugars

Change in nutrients required

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
<b>Calories</b>	<b>230</b>
% Daily Value*	
Total Fat 8g	16%
Saturated Fat 1g	2%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Serving sizes updated

Calories: larger type

Updated daily values

Actual amounts declared

New footnote

Chart Source: FDA

AICR advocates for nutrition and alcohol labeling that promotes informed choices to reduce cancer risk and improve health. To that end, **AICR supports [federal requirements for menu labeling in chain restaurants and other food retailers](#), and the [updated Nutrition Facts label](#)**. The updated Nutrition Facts label, now required to be on most food packages, reflects current nutrition science regarding the relationship between diet and chronic disease, highlighting information about calories and serving size that are important for managing weight, and providing new information about added sugar content. **AICR is committed to supporting the U.S. Food & Drug Administration (FDA) by providing consumers with [educational opportunities](#), including a [2020 webinar](#) that assisted in understanding and using the new labels to make food and drink choices**

**that align with AICR's Cancer Prevention Recommendations.**

**AICR also supports the FDA's [Nutrition Innovation Strategy](#)**, which is focused on reducing chronic diseases, such as cancer, through good nutrition. AICR provided [comments](#) to the FDA on food Standards of Identity (SOI) Modernization, one component of this strategy, and urged the FDA to ensure that any changes to the SOI align with AICR's Cancer Prevention Recommendations. AICR also supports changes to the criteria for use of the term "healthy" and new front-of-package labels that can help consumers easily identify healthy options.

AICR urges Congress and the FDA to use their authorities to make it easier for people to choose—and incentivize food companies to offer—healthier options. **Given the importance of whole grains in reducing cancer risk, AICR recommends improved labeling for grain products—such as the provision included in the [Food Labeling Modernization Act \(H.R. 4917/ S. 2594\)](#)—that enables consumers to more easily discern whole grain products from those with primarily refined grains.**

### **Alcohol Labeling**

Given the [strong evidence that alcohol intake increases the risk for at least six types of cancer](#), and nationally-representative AICR surveys finding [lack of awareness](#) of this relationship, **AICR advocates for a warning label on alcoholic beverages labels to educate about the connection between alcohol and cancer.** A recent study found that 65% of Americans support alcohol labeling policies.<sup>14</sup>

**GOVERNMENT WARNING:** According to the Surgeon General, consumption of alcoholic beverages can cause cancer, including breast and colon cancers.

In 2020, AICR signed a [citizen's petition](#) to the Treasury Department's Alcohol and Tobacco Tax and Trade Bureau (TTB), and in 2021, AICR signed a [letter to Treasury Secretary Janet Yellen](#) advocating for the addition of a cancer warning to alcoholic beverages. AICR is working to garner congressional support for this important policy change.

**AICR also supports the addition of a standard serving facts label to alcoholic beverages.** The serving facts label should include the number of servings per container, serving size, alcohol by volume, alcohol per serving and an ingredient list—information that is not currently required on alcohol labels—to help consumers make informed decisions about their alcohol intake.

### **Dietary Guidelines for Americans**



Image Source: USDA and HHS

**Dietary  
Guidelines  
for Americans**

**AICR advocates that the federal *Dietary Guidelines for Americans (DGA)* reflect the latest research regarding lifestyle and cancer risk.** By law, the DGA form the basis of all federal food and nutrition policies, programs and communications. This includes the meals that nearly 22 million students eat each school day,<sup>15</sup> the educational programs that support healthy choices for the more than 41 million people receiving SNAP food assistance benefits<sup>16</sup> and the My Plate educational resources for building a healthy meal. The Dietary Guidelines also inform many state and local government and private sector nutrition guidelines.

AICR closely monitored the process to develop the *2020-2025 Dietary Guidelines for Americans* and submitted [multiple comment letters](#) to the Dietary Guidelines Advisory Committee, which was charged with reviewing the evidence and advising federal agencies in the development of the guidelines. **AICR has been a leader in advocating that the DGA reflect the growing body of evidence on the link between diet, alcohol and cancer risk. AICR was [disappointed](#) that the 2020–2025 DGA do not fully reflect the evidence regarding alcohol and cancer risk.**

AICR continues to support the alignment of future Dietary Guidelines for Americans with AICR's Cancer Prevention Research and Recommendations as the 2025-2030 DGA update process gets underway. AICR submitted comments on the proposed research topics, advocating for a rigorous and transparent process and recommending that priority topics include an update to the guidelines on alcohol consumption, a review of the link between diet and cancer, and the inclusion of strategies to help people follow the DGA. AICR will continue to engage with HHS and USDA as the process to update the 2025-2030 DGA proceeds.

## Physical Activity Guidelines and Policies

The U.S. Department of Health and Human Services (HHS) issued the first *Physical Activity Guidelines for Americans* (PAG) in 2008, and updated guidelines were published in 2018.<sup>17</sup> While the DGA are required by law to be updated every five years, no such law currently exists for the PAG. **AICR has endorsed [H.R. 2094, the Promoting Physical Activity for Americans Act](#), which instructs HHS to provide physical activity guidelines for the general public based on the current evidence at least every ten years.**

AICR is a founding member of the [Physical Activity Alliance \(PAA\)](#), a diverse coalition of organizations dedicated to creating an active and healthy nation. PAA's [federal policy priorities](#) include **implementing physical activity assessment, prescription, and referral in the health care system and advancing a “physical activity-in-all policies” approach at the federal level.** AICR will continue to ensure that the connection between physical activity and cancer remains central to these initiatives.

## Cancer Research Funding

The National Cancer Institute (NCI), one of 27 federal research institutes that comprise the National Institutes of Health (NIH), is the largest funder of cancer research in the world. The FY 2022 federal budget provided \$6.9 billion for the NCI, a \$353 million increase over the prior year's funding.<sup>18</sup> Regular, sustained increases in federal funding are critical to sustaining lifesaving progress in cancer prevention and survivorship.

AICR is a member of [One Voice Against Cancer \(OVAC\)](#) and the [Ad Hoc Group for Medical Research](#), serving as part of a collective voice advocating for increased federal funding for cancer and biomedical research. AICR will advocate for continued increases in funding with an emphasis on cancer prevention and lifestyle risk factors. **For FY 2023, AICR and others in the cancer and biomedical research communities are asking for \$49 billion in base funding for NIH, an \$4.1 billion increase over FY 2022, including \$7.766 billion for NCI. AICR also supports the establishment and funding of the new Advanced Research Projects Agency for Health (ARPA-H), aimed at accelerating research translation. AICR recommends that funding for ARPA-H supplement—rather than supplant—base funding for NIH and that research related to healthy lifestyles and cancer prevention and survivorship be an allowable use of funds.**

While AICR has invested more than \$111 million in cancer research on its own, increased federal funding is needed to accelerate research on the impact of lifestyle factors on cancer prevention and survivorship and identify best practice strategies for implementing what we know works to change behavior.

## Access to Lifestyle Interventions for Cancer Survivors

Evidence on the benefits of a healthy diet, physical activity and healthy weight for cancer survivors is growing. AICR's research has found that—for breast cancer survivors—physical activity, a healthy body weight and a healthy diet reduce the risk of recurrence and death from cancer or another cause.<sup>19</sup> Physical activity also has benefits for improved physical, social, psychological and spiritual quality of life.<sup>20</sup> AICR recommends that all cancer survivors follow the Cancer Prevention Recommendations, if they can.

While there are insurance coverage requirements for diet and physical activity interventions for weight loss, diabetes prevention and cardiovascular disease prevention for people at risk,<sup>21</sup> there is no requirement for coverage of similar interventions for people with a cancer diagnosis. As a result, access to lifestyle interventions for cancer survivors varies widely, and often depends on where the person receives oncology care, whether the care is provided inpatient or outpatient, the specific need (e.g., physical therapy or at home exercise) and their ability to pay.<sup>22, 23</sup> **AICR advocates for access to evidence-based interventions to promote a healthy lifestyle before, during and after cancer treatment. As cancer survivors' needs vary,<sup>24</sup> interventions should be available in health care settings, in communities and remote-based, specifically tailored for cancer survivors, and more broadly applicable.**

To these ends, **AICR is advocating for passage of the [Medical Nutrition Therapy Act \(H.R. 3108/ S. 1536\)](#)**, which would provide Medicare coverage for Medical Nutrition Therapy, a specialized type of nutrition counseling, for people with cancer and other chronic conditions.

AICR also **supports the [Moving Through Cancer initiative](#)**, led by the American College of Sports Medicine, focused on making physical activity part of the standard of care for people with cancer.

## Conclusion



Federal policy is essential for providing lifesaving research, evidence-based guidelines, practical information and supportive interventions that make it easier to lead a healthy lifestyle for cancer prevention and survivorship. AICR looks forward to working with members of Congress from both parties and federal agency officials to advance policies that achieve these goals.

For more information about AICR's federal policy activity and how you can get involved, please visit <https://www.aicr.org/impact/policy-advocacy> or contact [advocacy@aicr.org](mailto:advocacy@aicr.org).

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## References

- <sup>1</sup> American Cancer Society. Cancer Facts & Figures 2022. May 2022. Available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>.
- <sup>2</sup> National Cancer Institute. Cancer Statistics. Updated September 25, 2020. Available at <https://www.cancer.gov/about-cancer/understanding/statistics>. Accessed May 31, 2022.
- <sup>3</sup> ACS, 2022.
- <sup>4</sup> Centers for Disease Control and Prevention. COVID-19 was Third Leading Cause of Death in U.S. April 22, 2022. Available at <https://www.cdc.gov/media/releases/2022/s0422-third-leading-cause.html>.
- <sup>5</sup> American Cancer Society. Cancer Facts & Figures 2022. May 2022. Available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>.
- <sup>6</sup> International Agency for Research on Cancer. World Cancer Report, 2014. Geneva, Switzerland: WHO Press, 2014.
- <sup>7</sup> Islami F, Goding Sauer A, Miller KD, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. *CA Cancer J Clin*. 2018;68(1):31-54.
- <sup>8</sup> WCRF/AICR. *Diet, Nutrition, Physical Activity, and Cancer: A Global Perspective. Third Expert Report*. May 2018. Available at <http://www.aicr.org/cancer-research/dietandcancerreport/>.
- <sup>9</sup> Ibid.
- <sup>10</sup> Ibid.
- <sup>11</sup> Ibid.
- <sup>12</sup> Ibid.
- <sup>13</sup> Ibid.
- <sup>14</sup> Seidenberg AB, Wiseman KP, Eck RH, Blake KD, Platter HN, Klein WMP. Awareness of Alcohol as a Carcinogen and Support for Alcohol Control Policies. *Am J Prev Med*. 2022;62(2):174-182. doi:10.1016/j.amepre.2021.07.005
- <sup>15</sup> U.S. Department of Agriculture (USDA), Food & Nutrition Service (FNS). Child Nutrition Tables. May 12, 2022. Available at <https://www.fns.usda.gov/pd/child-nutrition-tables>. Participation is for FY 2020.
- <sup>16</sup> USDA, FNS. SNAP Tables. May 3, 2022. Available at <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>. Participation is for FY 2021.

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- <sup>17</sup> U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018. Available at <https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html>.
- <sup>18</sup> NCI. NCI Budget and Appropriations. March 25, 2022. Available at <https://www.cancer.gov/about-nci/budget#current-year>
- <sup>19</sup> WCRF/AICR. *Diet, Nutrition, Physical Activity and Breast Cancer Survivors*. Updated 2018. Available at <https://www.wcrf.org/dietandcancer/breast-cancer-survivors>.
- <sup>20</sup> Burke S, Wurz A, Bradshaw A, et al. Physical Activity and Quality of Life in Cancer Survivors: A Meta-Synthesis of Qualitative Research. *Cancers (Basel)* 2017; 9(5): 53. doi: [10.3390/cancers9050053](https://doi.org/10.3390/cancers9050053).
- <sup>21</sup> U.S. Preventive Services Task Force. USPSTF A and B Recommendations. Updated November 2018. Available at <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>.
- <sup>22</sup> National Academies of Sciences, Engineering, and Medicine. 2016. *Examining access to nutrition care in outpatient cancer centers: Proceedings of a workshop*. Washington, DC: The National Academies Press. doi: 10.17226/23579.
- <sup>23</sup> Basen-Engquist K, Alfano CM, Maitin-Shepard M, et al. Agenda for Translating Physical Activity, Nutrition, and Weight Management Interventions for Cancer Survivors into Clinical and Community Practice. *Obesity (Silver Spring)*. 2017; 25 Suppl 2:S9-S22. doi:10.1002/oby.22031.
- <sup>24</sup> Basen-Engquist et al, 2017.