AICR’s Federal Priorities:

Research and Policies 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. By 2020, annual treatment costs are expected to reach $174 billion. This year, an estimated 1.7 million people in the U.S. will be diagnosed with cancer and about 600,000 people will die from the disease. Deaths from cancer remain at least eight times as high as deaths from opioids,\(^1\) which the U.S. government has called a “public health emergency” and “epidemic”.\(^2\)

Fortunately, about 40 percent of cancer cases and their costly treatments can be prevented.\(^3,4\) 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.\(^5\) 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 (esophagus, pancreas, colon and rectum, endometrium, kidney, postmenopausal breast, gallbladder, ovarian, liver, prostate (advanced), stomach, and mouth/ larynx/ pharynx).\(^6\) However,
physical activity can help with weight management and protects against three types of cancer (postmenopausal breast, endometrial, and colorectal), regardless of weight.\textsuperscript{7} AICR’s research also shows that a healthy pattern of eating and drinking that includes more whole grains, legumes, fruits and vegetables, and fewer red and processed meats, “fast foods” high in sugar, fats, and starches, and sugary drinks can reduce weight gain and cancer risk.\textsuperscript{8} 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.\textsuperscript{9}

**Overview of Policy Priorities**

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

- Nutrition labels and information that make it easier to identify healthy options;
- Government guidelines for food, nutrition, and physical activity programs that are based on cancer prevention research;
- Government funding for cancer research, with an emphasis on prevention;
- Access to diet, physical activity, and weight loss counseling and other treatments following a cancer diagnosis.

These policies align with the strategies in WCRF’s NOURISHING framework, which recognizes that policy actions are needed in the environment, food system, and behavior change communications to promote healthy diets and reduce obesity.

**Nutrition Labeling**

AICR advocates for nutrition labels and information that make it easier to identify healthy options. To that end, **AICR supports federal requirements for menu labeling in chain restaurants and other food retailers and timely implementation of the updated Nutrition Facts label.** The updated Nutrition Facts label 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 intends to work with the U.S. Food & Drug Administration (FDA) to support consumer understanding and use of the updated label in making food and drink choices that align with AICR’s Recommendations for Cancer Prevention.**

Chart Source: FDA
Looking toward the future, AICR urges the FDA to use its authority to make other regulatory changes that make it easier for people to choose – and incentivize food companies to create – healthier options. More specifically, AICR supports changes to the requirements for use of the term “healthy” and other label claims, updates to the ingredient list, and new requirements for labeling whole grain products that reduce consumer confusion. AICR urges the FDA to take further action in these areas and plans to provide input through the regulatory process.

**Dietary & Physical Activity Guidelines**

As the world’s most authoritative source of research on the link between diet, weight, physical activity, and cancer, AICR advocates that the federal *Dietary Guidelines for Americans* and *Physical Activity Guidelines for Americans* reflect the latest research regarding lifestyle and cancer risk. AICR was pleased that the Physical Activity Guidelines Advisory Committee, which was charged with reviewing the research and making recommendations to inform the *2018 Physical Activity Guidelines for Americans*, included cancer experts, and the recently-released guidelines recognize the benefits of an active lifestyle for cancer prevention and survivorship. **AICR supports policies that make it easier for people of all ages to get enough physical activity needed to reduce the risk of cancer, promote a healthy weight, and achieve a myriad of other health benefits.**

By law, the *Dietary Guidelines for Americans* form the basis of all federal food and nutrition policies, programs, and communications. This includes the meals that 30 million students eat each school day,¹⁰ the educational programs that support healthy choices for the more than 42 million people receiving SNAP food assistance benefits,¹¹ 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 is closely monitoring the process to develop the 2020-2025 Dietary Guidelines for Americans, and will be advocating that the Dietary Guidelines reflect the growing body of evidence on the link between diet and cancer risk.**

**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 2019 federal budget provides $39.1 billion for NIH, a $2 billion increase over the prior year’s funding. This includes $5.74 billion for the NCI, a $79 million increase from the past year,¹² in addition to $400 million provided through the Cancer Moonshot.

Thanks in part to cancer research funded through NCI, the rate of new cancer cases has declined each year from 2006-2015, a sharp contrast with the increases in cancer rates in the late 1900s. From 1991-2015, cancer death rates also fell 26 percent.¹³ However, not all population groups have benefitted equally from the research to date, and rates of preventable cancers among certain population groups remain high.

**AICR advocates for continued increases in federal funding for cancer research, with an emphasis on cancer prevention and lifestyle risk factors. While AICR has invested more than $108 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 either from cancer or another cause. Physical activity also has benefits for improved physical, social, psychological, and spiritual quality of life. AICR recommends all cancer survivors follow the recommendations for cancer prevention, if they can.

However, while insurance coverage requirements exist for diet and physical activity interventions for weight loss, diabetes prevention, and cardiovascular disease prevention for people at risk, 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, and their ability to pay. AICR advocates for access to evidence-based interventions to promote a healthy lifestyle before, during, and after cancer treatment. As cancer survivors’ needs vary, interventions should be available in health care settings, in communities, and remote-based, specifically tailored for cancer survivors, and more broadly applicable. AICR plans to explore innovative opportunities to leverage lessons learned from other lifestyle interventions and trends in health care payment and delivery to move this agenda forward.

Conclusion

Federal policy is essential for providing life-saving research, evidence-based guidelines, useful 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 Administration 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 www.aicr.org or contact k.kiefer@aicr.org.

References
6 Ibid.
7 Ibid.
8 Ibid.
9 Ibid.