

July 15, 2022

Ambassador Susan Rice
Director, Domestic Policy Council
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Ambassador Rice:

The [American Institute for Cancer Research \(AICR\)](#) appreciates the opportunity to provide comments to inform the White House Conference on Hunger, Nutrition, and Health (WHC), to be held in September 2022, and associated strategy. We recognize the tremendous opportunity to catalyze federal government, Congressional, nonprofit, and private sector action on issues related to hunger, nutrition, and health provided by this once-in-a-half-century convening and development of a national strategy. We are pleased to have an opportunity to share our expertise and **specific, actionable recommendations** to inform these efforts. Our recommendations align with WHC pillars 2, 3, 4, and 5 as noted below.

Introduction

The [American Institute for Cancer Research \(AICR\)](#) is a U.S.-based non-profit organization and the leading U.S. authority on the evidence on cancer prevention and survival through diet, weight, and physical activity. AICR champions the latest and most authoritative scientific research 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 reduce cancer risk and improve outcomes for survivors.

Opportunities to Elevate the Connection Between Diet, Physical Activity, and Cancer Risk

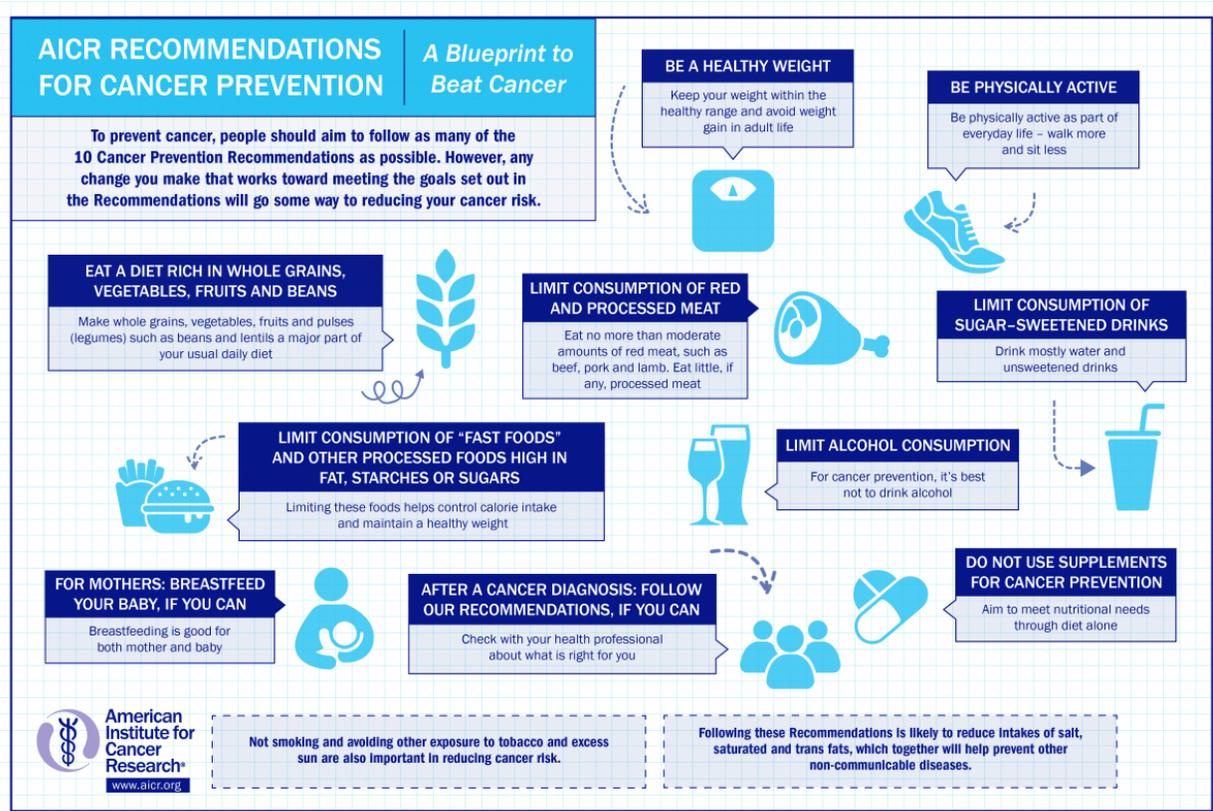
Cancer is the second leading cause of death in the U.S. and one of the most expensive health conditions. More than 1.9 million people in the U.S. will be diagnosed with cancer this year alone,¹ and roughly two in five Americans will have cancer at some point in their lifetime.²

While death rates from the disease dropped more than 32% from 1991 to 2019,³ cancer remains the second leading cause of death, even including deaths from COVID-19 in 2020 and 2021.⁴

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 2030.⁵ 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.^{6,7} 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.⁸ 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, having overweight or obesity increases the risk for 12 cancers (esophageal, pancreatic, colorectal, endometrial, kidney, post-menopausal breast, gallbladder, ovarian, liver, prostate (advanced), stomach and mouth/ larynx/ pharynx).⁹ However, physical activity can help with weight management and protects against three types of cancer (post-menopausal breast, endometrial, and colorectal), regardless of weight.¹⁰ 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.¹¹ 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.¹² 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.¹³ AICR’s 10 Cancer Prevention Recommendations, which are based on this evidence, are outlined in the graphic below.



The WHC and associated strategy should clearly acknowledge the connection between diet, physical activity and cancer, and the strategy should include targets for reducing diet-related cancer risk on a population level.

AICR supports the WHC goal to “end hunger and increase healthy eating and physical activity by 2030” and suggests that cancer be added to the list of diet-related conditions in the goal statement. The revised goal statement would read:

“End hunger and increase healthy eating and physical activity by 2030, so that fewer Americans experience diet-related diseases like diabetes, obesity, and hypertension, **and cancer.**”

Policy Recommendations

AICR has identified six 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 and policies for physical activity;**
- **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.**

The remainder of this letter explains AICR’s recommendations in these topic areas.

Nutrition Labeling (Aligns with WHC Pillar 3: Empower all consumers to make and have access to healthy choices)

AICR advocates for nutrition labeling that promotes informed choices to reduce cancer risk and improve health. To that end, AICR **supports implementation of [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. **The U.S. Food & Drug Administration (FDA) should support consumer and health professional education on the use of the updated Nutrition Facts label**, such as a [2020 webinar](#) jointly hosted by FDA and AICR. FDA should also **update its Nutrition Facts label and menu labeling requirements to close loopholes and ensure that consumers ordering online – including on third party sites – have access to the same calorie and nutrition information as consumers making selections in store.** AICR also recommends that **FDA update the criteria for use of the term “healthy” and provide new [front-of-package labels](#)** that are informed by the international experience and 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 (Aligns with WHC Pillar 3: Empower all consumers to make and have access to healthy choices)

Alcohol is a component of the dietary patterns of more than half of Americans and can contribute significantly to daily calorie intake for those who drink regularly.¹⁴ Given the [strong evidence that alcohol intake increases the risk for at least six types of cancer](#), and nationally-representative AICR surveys finding a [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.¹⁵ The warning label could state:

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. TTB and the Surgeon General should use its existing authorities to consider updates to the warning label to reflect the status of the evidence and consult with Congress on the need for new authorities to update alcoholic beverage labels to better reflect the current evidence on alcohol and cancer risk.

AICR also recommends that the TTB add 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. Similar information is presented on the Nutrition Facts label for packaged foods and non-alcoholic beverages.

Dietary Guidelines for Americans (Aligns with WHC Pillar 2: Integrate nutrition and health and Pillar 3: Empower all consumers to make and have access to healthy choices)

AICR advocates that the federal *Dietary Guidelines for Americans (DGA)* reflect the latest research regarding lifestyle and cancer risk. By law, the DGA forms 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,¹⁶ the educational programs that support healthy choices for the more than 41 million people receiving SNAP food assistance benefits¹⁷ 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 a leader](#) in advocating that the DGA reflect the growing body of evidence on the link between diet, alcohol and cancer risk. AICR is [disappointed](#) that the 2020–2025 DGA do not fully reflect the evidence regarding alcohol and cancer risk.

The 2025-2030 DGA development process that is underway provides a new opportunity to better align federal dietary guidance with current nutrition science. In this edition, the U.S. Department of Health and Human Services (HHS) and U.S. Department of Agriculture (USDA) should:

- Update the guidelines on alcohol consumption to reflect the [increased cancer risk with intakes of even less than one or two drinks per day for several common cancer types](#) (breast, head and neck, esophageal, colorectal),
- Update the recommendations for dietary patterns to better reflect the link between dietary patterns and cancer risk - including increased risk of colorectal cancer caused by red and processed meat intake,
- Issue recommendations for strategies to help people eat a healthy diet and manage their weight.

AICR will continue to monitor and engage in the 2025-2030 DGA development process as opportunities allow.

Physical Activity (Aligns with Pillar 4: Support physical activity for all)

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](#). The Physical Activity Alliance is currently working on a multi-year "It's Time to Move" initiative, focused on policy and systems changes to empower health care providers to seamlessly integrate physical activity clinical measures into patient care plans and help make physical activity prescriptions a standard of care for all people living in the U.S. Federal agencies can support these efforts, for example, by engaging with the Health Level Seven International (HL7®) process alongside the Physical Activity Alliance to standardize measures and processes for the flow of patient data between software applications used by clinicians, community-based health and fitness professionals, payers, healthcare consumers and others and by having the Office of the National Coordinator (ONC) integrate them into the United States Core Data for Interoperability (USCDI/USCDI+) specification once the physical activity measures have been accepted as a standard through the HL7 process.

PAA also recommends **advancing a "physical activity-in-all policies" approach at the federal level**. In addition, while the DGA are required by law to be updated every five years, no such law currently exists for the Physical Activity Guidelines. **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**. In addition, for the Physical Activity Guidelines to be adequately implemented, appropriate funding is needed for communicating and marketing the Guidelines. The Guidelines should also be integrated across federal policy, by ensuring that legislative and regulatory efforts to increase physical activity align with the Guidelines and appropriating further funds to help agencies implement activities to achieve the goals of the Guidelines.

AICR urges that the connection between physical activity and cancer remain central to these initiatives.

Nutrition and Cancer Research Funding (Aligns with Pillar 5: Enhance nutrition and food security research)

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.¹⁸ Regular, sustained increases in federal funding are critical to sustaining lifesaving progress in cancer prevention and survivorship, including through a healthy diet and physical activity. AICR supports increased funding for nutrition, physical activity, and cancer prevention across the federal government, and particularly at the NIH and NCI.

As a member of [One Voice Against Cancer \(OVAC\)](#) and the [Ad Hoc Group for Medical Research](#), AICR advocates for continued increases in federal biomedical research funding with an emphasis on cancer prevention and lifestyle risk factors. **For FY 2023, \$49 billion in base funding should be provided for NIH, an \$4.1 billion increase over FY 2022, including \$7.766 billion for NCI. Funding levels for subsequent years should be increased to adjust for biomedical inflation, at minimum.**

AICR also supports the establishment and funding of the new Advanced Research Projects Agency for Health (ARPA-H), aimed at accelerating research translation. Funding for ARPA-H should supplement—rather than supplant—base funding for NIH. It is important 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 (Aligns with WHC Pillar 2: Integrate nutrition and health and Pillar 3: Empower all consumers to make and have access to healthy choices)

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.¹⁹ Physical activity also has benefits for improved physical, social, psychological, and spiritual quality of life.²⁰ 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,²¹ 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.^{22, 23} **AICR advocates for access to evidence-based interventions to promote a healthy**

lifestyle before, during and after cancer treatment. As cancer survivors' needs vary,²⁴ 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. Federal agencies should **provide coverage and payment determinations for lifestyle behavioral counseling and physical activity interventions for cancer prevention and survivorship that allow health and fitness professionals integrated within a health care team to develop and deliver exercise prescriptions for patients/consumers that are compensated by private and public payers**, including the Centers for Medicare and Medicaid Services. Delivery of the exercise prescription should accommodate remote patient monitoring and support in-person, as well as hybrid and virtual sessions.

Conclusion

Federal agency action is essential for providing lifesaving research, evidence-based guidelines, practical information, and supportive interventions that make it easier to improve diet, increase physical activity, and reduce cancer risk. The WHC provides an ideal opportunity to catalyze action on these priorities. AICR looks forward to working with federal leadership and members of Congress from both parties and federal agency officials to advance policies that achieve these goals.

For more information about AICR's policy recommendations, please visit <https://www.aicr.org/impact/policy-advocacy> or you may contact me at d.micginley-gieser@aicr.org or (703) 237-0159.

Sincerely,

A handwritten signature in black ink, appearing to read "Deirdre McGinley-Gieser". The signature is fluid and cursive, with a large initial "D" and "M".

Deirdre McGinley-Gieser
Executive Vice President
American Institute of Cancer Research

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