



## FPH Response to the DHSC Open call for evidence – Shaping the national cancer plan

This response is submitted on behalf of the UK [Faculty of Public Health \(FPH\)](#), as developed by the [Commercial Determinants of Health Special Interest Group](#) and [Alcohol Special Interest Group](#). The FPH, as part of the medical Royal College arrangements, is the standard-setting body for public health in the UK and professional home for over 5,000 members of the public health workforce. We advocate on key public health issues and have a strong mandate and responsibility to ensure that the essential functions, standards and resources of a robust public health system are maintained. Our role is to improve the health and wellbeing of local communities and national populations. We do this by supporting the training and development of the public health workforce and improving public health policy and practice in partnership with local and national governments in the UK and globally.

### Prevention and awareness

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)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

The greatest potential for preventing cancers comes from addressing the drivers behind the biggest cancer risk factors: commercial determinants.

The government and NHS should focus on alcohol, tobacco, and obesity/unhealthy food as there is strong evidence that public regulation of harmful industry practices is effective at reducing exposure to those risk factors ([WHO](#), [WHO](#)). Such evidence of health benefits provide a great opportunity for meaningful progress in cancer prevention through industry regulation.

Tobacco and obesity continue to be the top two preventable causes of cancer in the UK, and all three risk factors are wholly preventable ([CRUK](#)). Most smokers want to quit ([Stopping the Start](#)), most people who are overweight want to lose weight ([Nesta](#)), and over a quarter of drinkers want to reduce their alcohol consumption ([Alcohol Choice](#)).

These risk factors are all caused by the harmful products and practices of unhealthy commodity industries. Half of cancer deaths are caused by risk factors directly related to such industries ([Lancet](#)).

£53 billion in post-tax industry revenue is made from consumption of tobacco, alcohol and food at harmful levels in the UK annually. These profits come at huge expense for society, with billions spent on health and social care, and £31 billion lost in wage penalties, unemployment, and economic inactivity due to tobacco and alcohol consumption and obesity ([ASH](#)). The huge role these industries play in pushing sales of their products whilst denying their harms, and weakening and delaying implementation of effective interventions is well documented and consistent across industries ([Lancet](#)).

Interventions aimed at changing individual behaviour and emphasising individual responsibility work in favour of (and are often promoted by) industry as they are less effective and will only ever have limited success in environments that promote consumption of unhealthy products ([Lancet](#)). Where there is mass exposure within a population to risk factors for disease, risk factor control must be at that same level to be effective ([Rose](#)). The focus must be on population-level primary prevention - stopping people developing cancer in the first place.

We already know the evidence-based interventions that are effective at a population level and the government must focus on their timely implementation ([WHO](#)). Such interventions include restricting the aggressive marketing of unhealthy foods to children, reducing subsidies for unhealthy food production, mandatory reformulation, and reducing affordability and availability of alcohol for example through minimum unit pricing ([Lancet](#)).

Interventions focused on commercial drivers of cancer also have the potential to address multiple cancer risk factors beyond those selected through co-benefits. For example, regulation of the fossil fuel and automobile industries would create environments that promote clean air and physical activity.

The government (and NHS where relevant) needs to take a whole systems approach to eliminating tobacco and reducing consumption of alcohol and unhealthy foods, and focus available resources on population-level preventative intervention to have the largest evidence-based, cost-effective, and sustainable impact on cancer outcomes.

## Early diagnosis

**Question:** What actions should the government and the NHS take to help diagnose cancer at an earlier stage? (Select the 3 actions that would have the most impact)

- Develop and expand interventions targeted at people most at risk of developing certain cancers (1<sup>st</sup>)
- Improve symptom awareness, address barriers to seeking help and encourage a timely response to symptoms (2<sup>nd</sup>)
- Make improvements to existing cancer screening programmes, including increasing uptake (3<sup>rd</sup>)
- Increase diagnostic test access and capacity
- Support timely and effective referrals from primary care (for example, GPs)
- Increase support for research and innovation
- I don't know
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

There is a pressing need to recognise behavioural risk factors in Cancer screening programmes: Given that there is now strong epidemiological evidence base around substance use including recognition of alcohol as a class one carcinogen and one of the [strongest risk factors for breast cancer](#) (WHO), there is an increasing recognition of the importance of including substance and alcohol misuse as part of the risk appraisal criteria in prompting individuals to participate in cancer screening programmes. Of course, a part of the explanation why this is not addressed as comprehensively as it might relates to the phenomenon of stigmatisation discussed and the frequent omission of substance use as a risk factor in conventional screening risk hierarchies (very probably not unrelated to prejudices, stigma and discrimination that impact on all aspects of health service contact). This under-engagement with services is further compounded by some of worst survival outcomes for these population subgroups further entrenching health polarisation [1].

1. [Marilyn L. Kwan et al.](#) Alcohol Consumption and Breast Cancer Recurrence and Survival Among Women With Early-Stage Breast Cancer: The Life After Cancer Epidemiology Study. *JCO* 28, 4410-4416(2010).

## Treatment

**Question:** What actions should the government and the NHS take to improve access to cancer services and the quality of cancer treatment that patients receive? (Select the 3 actions that would have the most impact)

- [Review and update treatment and management guidelines to improve pathways \(processes of care\) and efficiency \(1<sup>st</sup>\)](#)
- [Improve the flow and use of data to identify and address inconsistencies in care \(2<sup>nd</sup>\)](#)
- [Increase the availability of physical and mental health interventions before and during cancer treatment \(3<sup>rd</sup>\)](#)
- Increase treatment capacity (including workforce)
- Improve treatment spaces and wards, including facilities available to carers
- Improve communication with patients, ensuring they have all the information they need
- Increase the use of genomic (genetic) testing and other ways of supporting personalised treatment
- I don't know
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Much of the unfavourable cancer survival statistics in the UK versus comparable countries centres around late diagnosis in those who do not engage well with health services. This includes blue collar and unskilled working age men as well as those with risk factors that they are not fully informed about that might change their risks or health seeking behaviour.

## Living with and beyond cancer

**Question:** 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 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
- Increase the number and availability of cancer co-ordinators, clinical nurse specialists and other staff who support patients
- I don't know
- Other (please specify)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

- Offer targeted support for specific groups, such as ethnic minority cancer patients, children and bereaved relatives

And also for those who might have very limited family networks and are socially isolated, itself a risk for poor prognosis.

## Research and innovation

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)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Other: address undue commercial influence on science by supporting reform

The government and NHS should maximise the impact of data, research and innovation by addressing the distorting influence of major industries on science. Science and available evidence has been at the centre of attempts by major industries to delay progress in tackling threats to health ([Legg et al](#)). We selected 'Other' as we believe that maximum impact will come from supporting scientific reform to ensure that public interest is prioritised over profit in the scientific process.

This approach must include that the evidence and data used to inform cancer policymaking is free from the undue influence of harmful commodity industries whose

products and practices cause around 40% of cancers ([gov.uk](https://www.gov.uk)). Commercial entities produce, disseminate, and influence the use of evidence strategically to maximise the benefits and obscure the harmful effects of their products in a 'cycle of bias' ([Bero](#), [Fabbri & Gilmore](#)). Their influence on evidence production includes funding and sponsorship and the subsequent choices that industries make in the design, analysis, and reporting of research ([Fabbri](#)). Perhaps less well known are their significant influences on the research agenda itself including how certain topics are framed, thereby influencing the research questions that are asked and the entire body of research available to policymakers ([Bero](#), [Legg et al](#)).

When exploring 'innovation' we must interact with industry carefully, implementing a good governance approach, which avoids, or effectively manages, conflicts of interest between profit-making and promoting the nation's health. This approach is being taken by a growing number of organisations, is recommended by WHO ([WHO Euro](#)), and an evidence-based resource exists to guide organisations through this process ([ADPH](#)). Moreover, the Government and the NHS can maximise the impact of data by focusing on currently available evidence showing the effectiveness of population-level primary prevention and supporting and utilising future research in this area, so that fewer people develop cancer.

Finally, improved data sharing links would empower local partners, such as local authorities (LAs), with better information to implement more effective public health initiatives to prevent more cancers. Improving data availability generally would include data around harms from harmful commodity exposure and practices, and response to individual and population level interventions to prevent, mitigate, or treat those harms.

## Inequalities

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
- 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)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

The distribution of exposure to unhealthy commodity consumption, and other harmful industry practices (e.g. occupational exposure) is strongly patterned by socio-economic status and/ or ethnicity, therefore it is imperative that prevention, mitigation and treatment efforts are all guided by the principle of proportionate universalism.

Reducing inequalities in cancer incidence and outcomes requires system-level change

and regulation of industry influence to protect people from the marketing, influence, and lobbying of commercial actors whose products and practices cause nearly half of cancer deaths ([Lancet](#)).

The industries whose harmful products and practices cause preventable cancer also widen inequalities, and evidence-based population-level primary prevention would reduce cancer risk hence reducing incidence and improving cancer outcomes, whilst reducing inequalities.

Not all harmful products are consumed equally, and some groups experience disproportionately more negative impacts. For example, a lower socioeconomic status is associated with higher levels of alcohol-related ill-health, which can affect an individual's ability to achieve and maintain a healthy weight, through lack of affordability of and access to nutrient rich food. The increased risk of ill-health (including cancers) on the significant proportion of the population who have multiple risk factors is multiplicative, not additive ([ASH](#)). People from disadvantaged groups are more likely to smoke, be overweight, and experience greater levels of harm from alcohol - even when they consume less ([ASH](#), [Lancet](#), [Obesity](#)). In this way, the health harms and cancer risk from unhealthy commodity industry products and practices are much higher when risk factors are combined, which is more common in disadvantaged groups ([Kings Fund](#)). This contributes to people from more disadvantaged groups living shorter lives, and spending a smaller proportion of their lives in good health ([ONS](#)).

Moreover, there is evidence of certain unhealthy commodity industries whose products cause cancer specifically targeting communities who we know will be disproportionately harmed. This includes the marketing of unhealthy foods to children and young people through digital marketing and sports sponsorship ([BiteBack](#)), and promotion of particular tobacco products to ethnic minorities ([Millbank Quarterly](#)).

Due to the higher rates of smoking, alcohol consumption, and overweight/obesity in more deprived areas, targeted community-wide or population-level preventative approaches can be used to reduce inequalities in preventable cancer incidence. By taking a targeted preventative approach based on evidence of what works for different communities, and creating an environment that promotes healthy options, these risk factors can be reduced, in turn reducing cancer inequalities. This must also be in conjunction with work to regulate industry tactics that shape cancer risk both through influencing our behaviour and the options available to us by driving consumption of harmful products.

The government must play its part in creating healthy environments where people are free of the commercial influence that unjustly drives unequal cancer risk behaviours.

## Priorities for the national cancer plan

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)

Please explain your answer. (Do not include any personal information in your response. Maximum 500 words.)

Although improvements in diagnosis and treatment are essential components of the solution to achieving cancer outcomes, we know that access to health services contribute to only 10-20% of health ([AJPM](#)). We know that around 40% of cancers are preventable ([gov.uk](#)), and expenditure on preventive policies such as public health policy has been estimated to be 3-4 times more productive than that spent on healthcare ([York.ac.uk](#)). These facts highlight the huge potential for improvements in prevention in reducing morbidity and mortality from cancers. Treatment can only achieve so much, especially if the health system treats people and discharges them back to the environments and conditions that make them unwell ([Marmot](#)).

Prevention of cancer is better than cure, and risk factors that whole populations are exposed to require population-level solutions ([Rose](#)). In the case of cancer, the biggest risk factors (tobacco and obesity to name the biggest two) occur at the population level, largely driven by the harmful practices and products of industries.

We already know the evidence-based interventions that are effective at a population level and the government must focus on the timely implementation of these ([WHO](#)). For example, such evidence-based and population-level preventative interventions include restricting the aggressive marketing of unhealthy foods to children, reducing subsidies for unhealthy food production and mandatory reformulation, and reducing affordability and availability of alcohol for example through minimum unit pricing ([Lancet](#)). The government is uniquely placed to implement these interventions to protect the nation's health and promote the public good.

The UK's story of successful tobacco control efforts shows how effective prioritising the regulation of industry can be: Tobacco control has prevented an estimated 668,000 lung cancer deaths in the UK since 1979 ([CRUK](#)), and lung cancer is just one of 16 types of cancer caused by smoking. Tobacco control has been effective due to its focus on regulation of the tobacco industry, with policies such as advertising restrictions, tax increases, and exclusion of the industry from tobacco policymaking ([Levy et al](#)). This example shows how addressing the commercial drivers of cancer has the potential to prevent huge numbers of cancer deaths. The national cancer plan should advocate a similar approach to other major industries that profit from cancer-causing products.