

# From Evidence to Practice – Opportunities and Challenges in Obesity-related Cancer Prevention

Dr Giota Mitrou, Acting Director of Research and Public Affairs  
World Cancer Research Fund International



World Cancer Congress  
Kuala Lumpur, Malaysia  
1–4 Oct 2018

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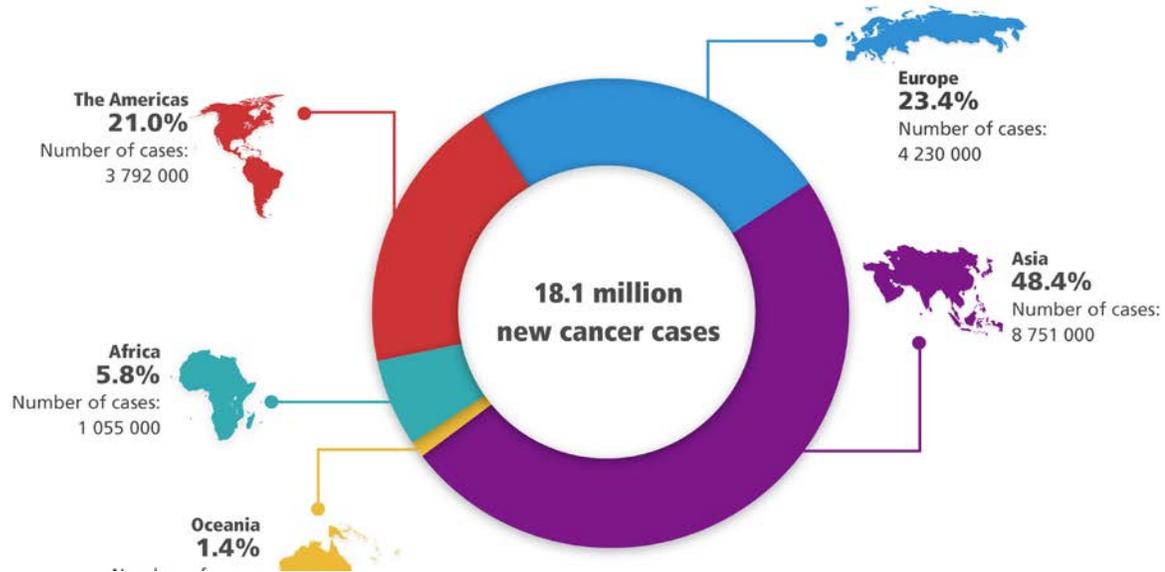


Track 1/ T1-104/ Discussion Panel

Disclosure of interest: None declared

## Global cancer

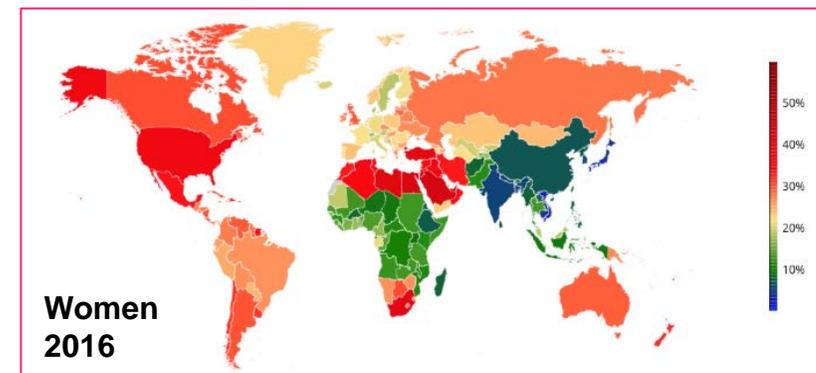
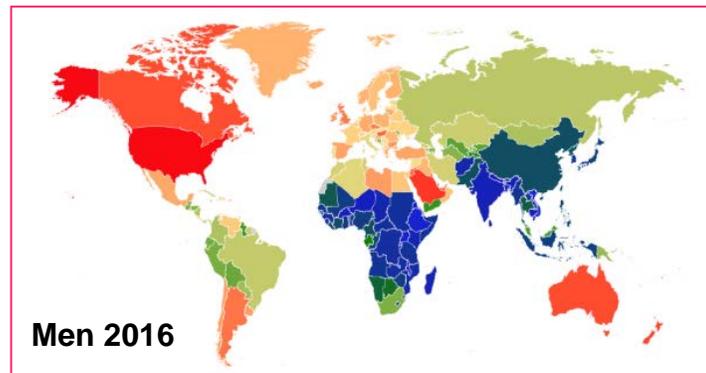
### Global cancer incidence



# Global Burden of Obesity

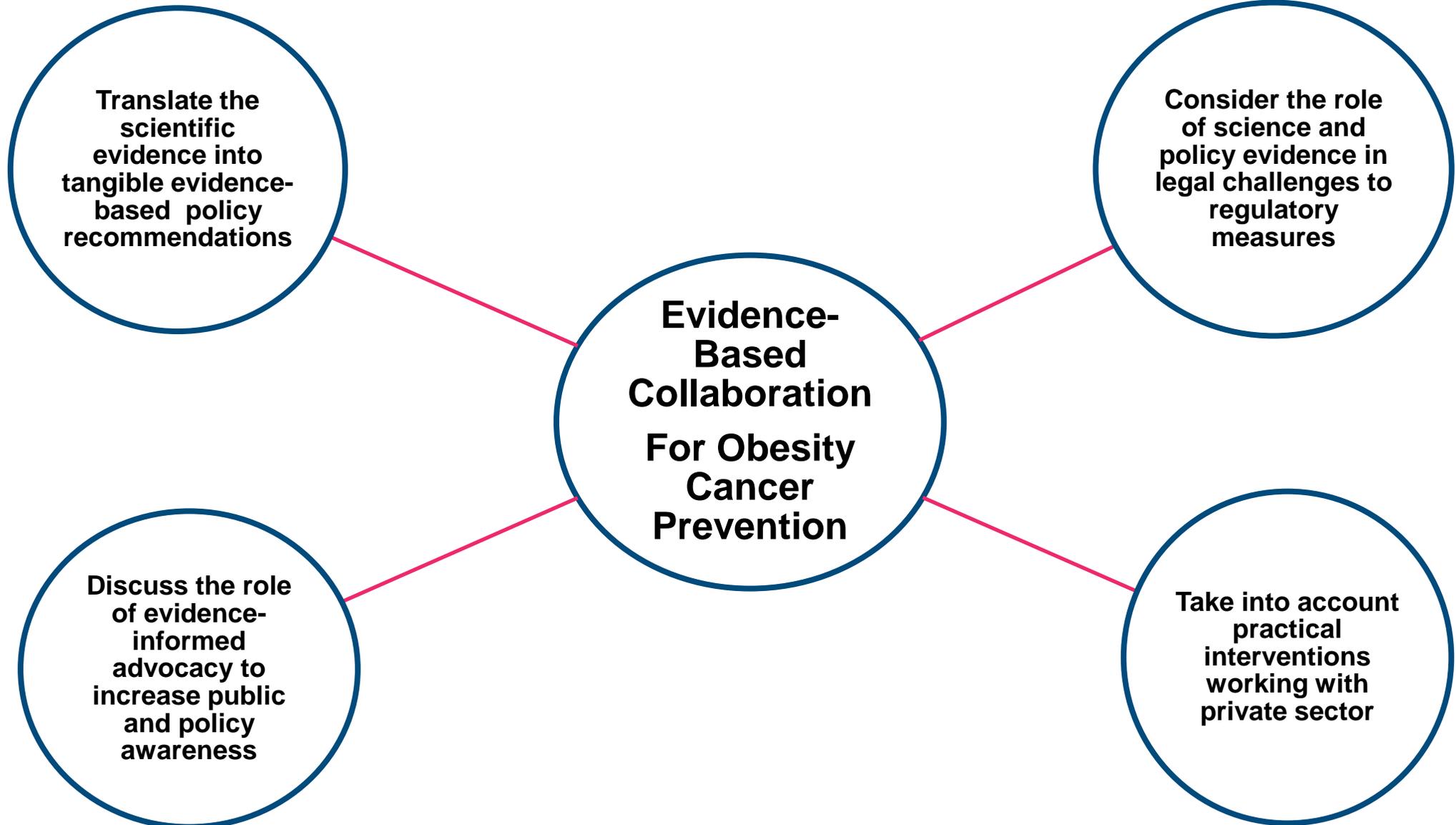
Total people living with obesity		1975	2016	
Adults (>19 years)	Men	31 million	<b>281 million</b>	<b>671 million</b>
	Women	69 million	<b>390 million</b>	
Children (5—19 years)	Boys	6 million	<b>74 million</b>	<b>124 million</b>
	Girls	5 million	<b>50 million</b>	

## Percentage prevalence of people living with obesity, by sex and country



**Source:** Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. Lancet 2017, published online 11 October 2017. Data available at: <http://ncdrisc.org/index.html>

# Urgent need to...



# Session Outline

- **Dr Giota Mitrou (World Cancer Research Fund International)**- Key Findings from WCRF International's Third Expert Report (2018) on Diet, Nutrition, Physical Activity and Cancer: A Global Perspective and updated Cancer Prevention Recommendations-10min
- **Ms Louise Meincke (World Cancer Research Fund International)**- Policy framework approaches to make tangible policy interventions: Using / Recommendations based on scientific findings-10min
- **Ms Daiana Buresova (Pacific McCabe Centre for Law and Cancer )**- Pacific insights on the role of evidence in shaping the development and implementation of obesity policy-10min
- **Mr Craig Sinclair (Cancer Council Victoria)**- Taking a Multi-component Approach to Tackling Obesity-10min
- **Ms Gitte Laub Hansen (Danish Cancer Society)**- Bringing the gap by working across sectors to tackle obesity-10min
- **Ms Abigail Brown (Cancer Research UK)**- Working cross-organizationally to create impact: Marketing in a whole system approach to tackling obesity-10min
- **Discussion-30min**

# From Evidence to Practice – Opportunities and Challenges in Obesity-related Cancer Prevention

## Key Findings from WCRF International's Third Expert Report (2018) on Diet, Nutrition, Physical Activity and Cancer: A Global Perspective and updated Cancer Prevention Recommendations

Dr Giota Mitrou, Acting Director of Research and Public Affairs

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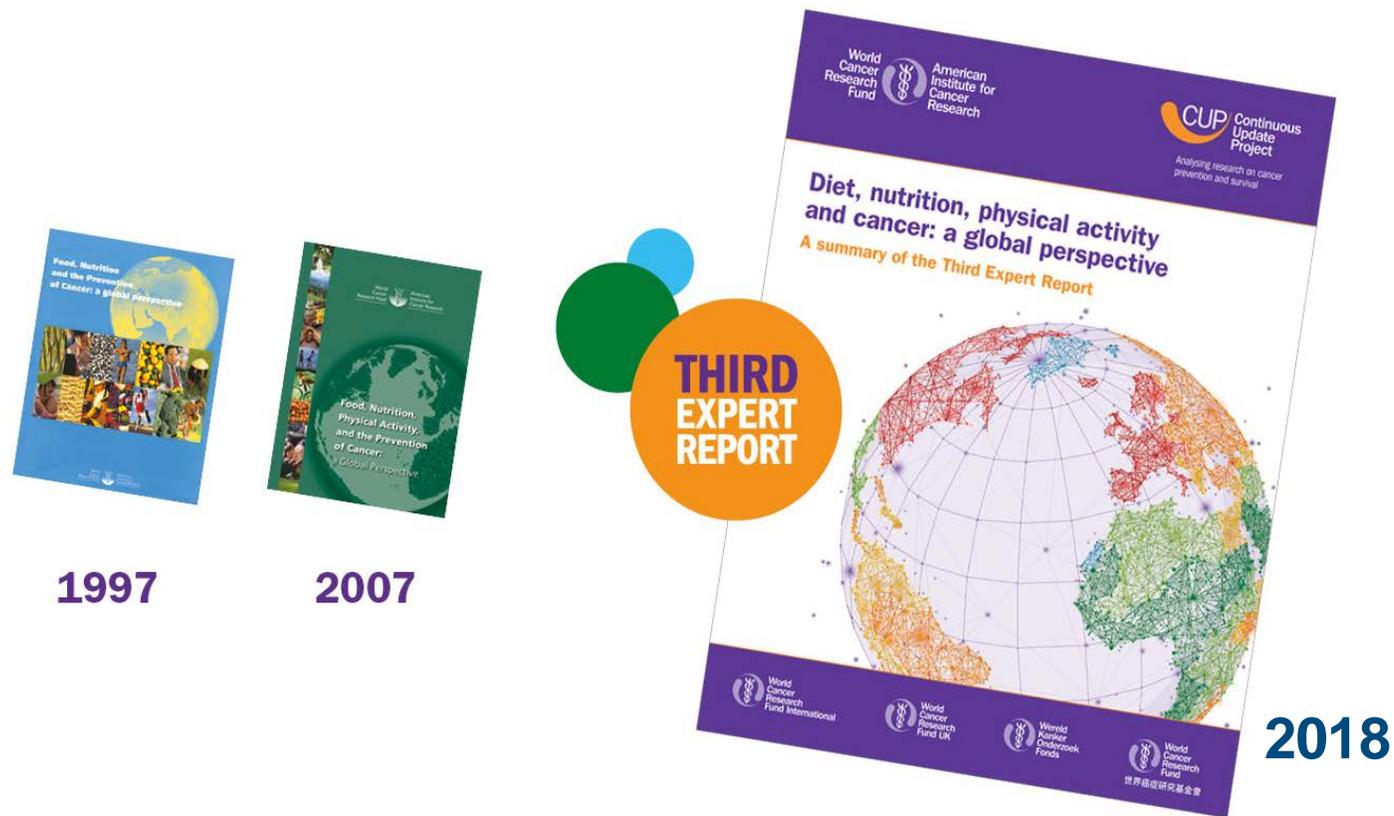


Track 1/ T1-104/ Discussion Panel

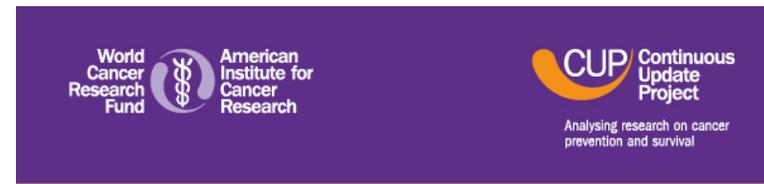
Disclosure of interest: None declared

# History of the expert reports

The Third Expert Report builds on the groundbreaking achievements of the First and Second Expert Reports.



# The Third Expert Report: Online access



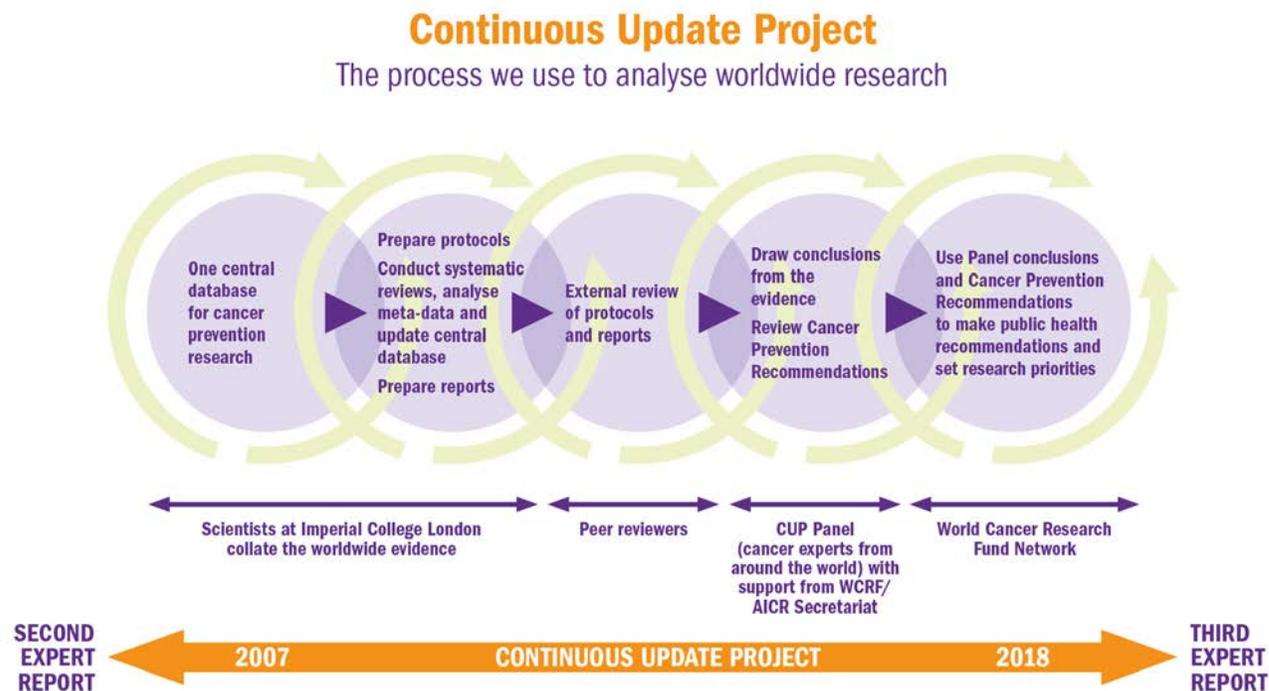
## Diet, Nutrition, Physical Activity and Cancer: a Global Perspective

A summary of the Third Expert Report



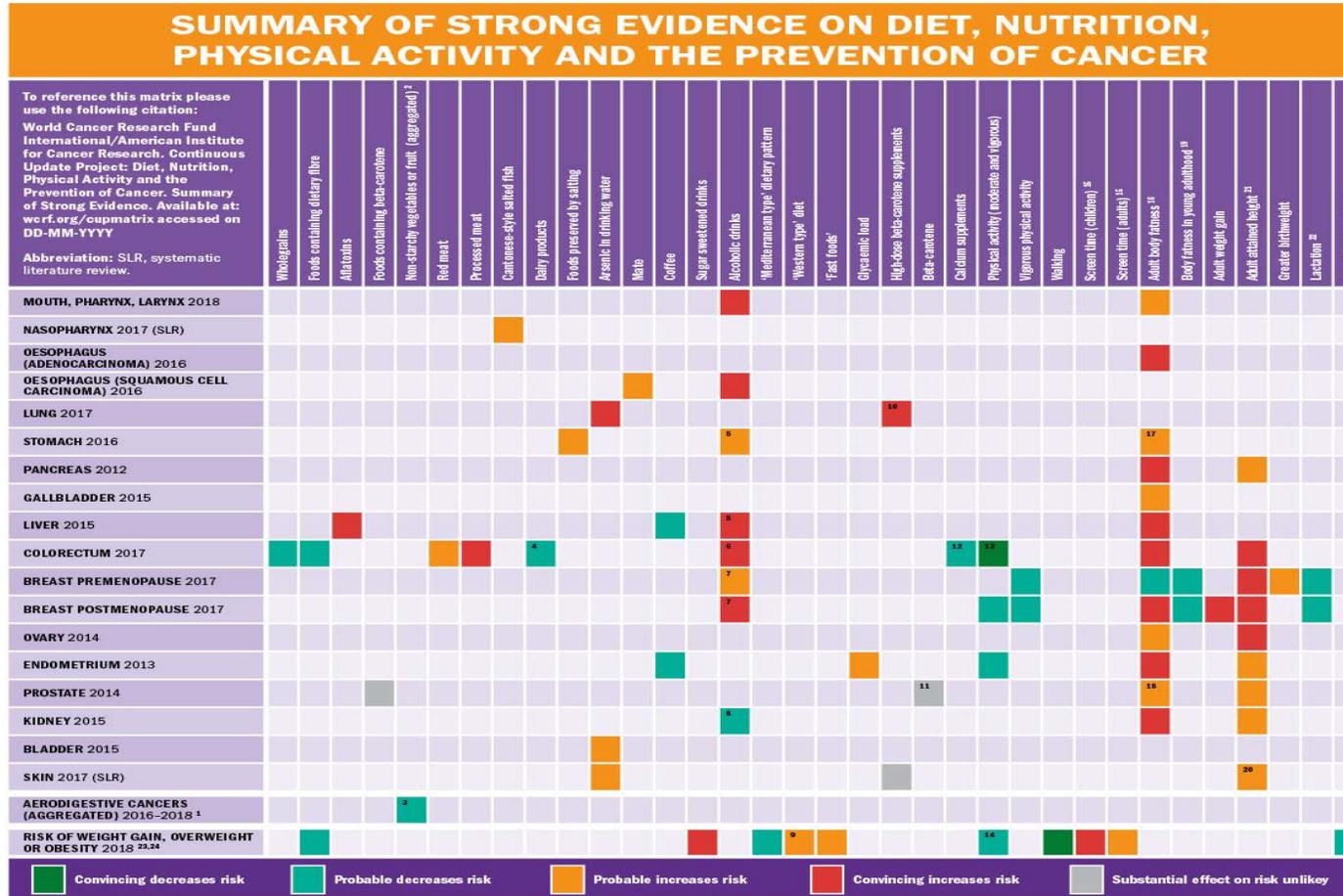
# Continuous Update Project (CUP)

- Rigorous, systematic and ongoing programme
- Trusted, authoritative scientific resource
- Provides the most up-to-date information on reducing cancer risk



© World Cancer Research Fund International. [dietandcancerreport.org](http://dietandcancerreport.org)

# Findings – Strong Evidence for Recommendations



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# Diet, nutrition, physical activity and the cancer process

Diet, nutrition and physical activity, other environmental exposures and host factors interact to affect the cancer process



Potential impact of diet, nutrition, physical activity and height in increasing susceptibility to cancer

Exposure	Systemic impact	Cell function	Hallmarks possibly affected
Greater body fatness	Hyperinsulinemia	mTOR/PI3K/AKT, MAPK	Reduced apoptosis; increased proliferation, genome instability
	Increased oestradiol	MAPK/ERK/PI3K	Increased proliferation in ER+ tissues; genome instability
	Inflammation	STAT3/NF-κB	Reduced apoptosis, increased cell division, altered macrophage function, etc.; genome instability
E.g. WNT, P53		E.g. cellular energetics, etc.	

Exposure	Systemic impact	Cell function	Hallmarks possibly affected
Hyperinsulinemia		mTOR/PI3K/AKT, MAPK	Reduced apoptosis; increased proliferation, genome instability
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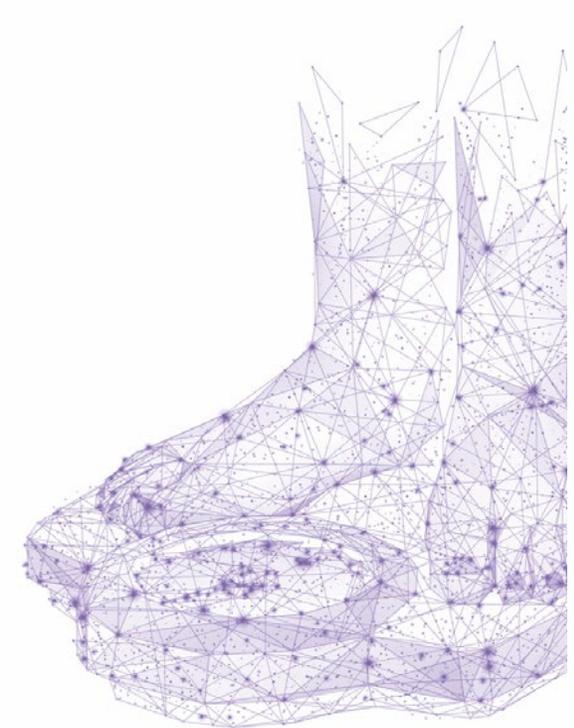
© World Cancer Research Fund International dietandcancerreport.org

Greater alcohol intake	Inflammation	STAT3/NF-κB	Reduced apoptosis, increased cell division, altered macrophage function, etc.
	Folate deficiency; interference with 1-carbon metabolism	DNA uracil misincorporation	Genome instability
Greater physical activity	Reduction in insulin	mTOR/PI3K/AKT, MAPK	Increased apoptosis; reduced proliferation, less genome instability
	Reduction in oestradiol and testosterone	MAPK/ERK/PI3K	Reduced proliferation in ER+ tissues; reduced genome instability
	Reduced inflammation (long term); improved immune function	STAT3/NF-κB	Increased apoptosis, increased cell division, altered macrophage function etc; reduced genome instability
E.g. WNT, P53		E.g. cellular energetics, etc.	
Greater height	Higher IGF-I	mTOR/PI3K/AKT, MAPK	Reduced apoptosis; increased proliferation

# Key findings

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- Evidence linking overweight and obesity to cancer has grown stronger over the past decade
- Separate recommendations on:
  - sugar-sweetened drinks
  - fast foods and other processed foods



# Factors fueling obesity

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- Regularly drinking sugar-sweetened drinks increases cancer risk
- Fast foods and other processed foods also increase cancer risk through causing weight gain, overweight and obesity



# Recommendations – an overall package



# Importance of policy action

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- Critical to consider the environment in which people make choices, as behaviour is influenced by environmental, economic and social factors
- Understanding these ‘upstream’ determinants of cancer risk highlight opportunities for policy action
- Public health policies that prioritise prevention, in the form of laws, regulations and guidelines, are critical to preventing cancer and other NCDs



*Thank you*

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[facebook.com/wcrfint](https://facebook.com/wcrfint)  
[wcrf.org/blog](https://wcrf.org/blog)



THIRD  
EXPERT  
REPORT



# Using policy framework approaches to make tangible policy interventions/recommendations based on scientific findings

SESSION: From evidence to practice – opportunities and challenges in obesity-related cancer prevention

Louise Meincke  
Head of Policy and Public Affairs  
World Cancer Research Fund International



World Cancer Congress  
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Track 1

Disclosure of interest: None declared

# Overview

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- **Global context**
- **Using frameworks for policy action – WCRF International examples**
- **Calls to action**

# Global targets



By 2025:

- Halt the rise in diabetes and obesity
- A 25% relative reduction in risk of premature mortality from four main NCDs

Target 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases



# Action needed across all sectors



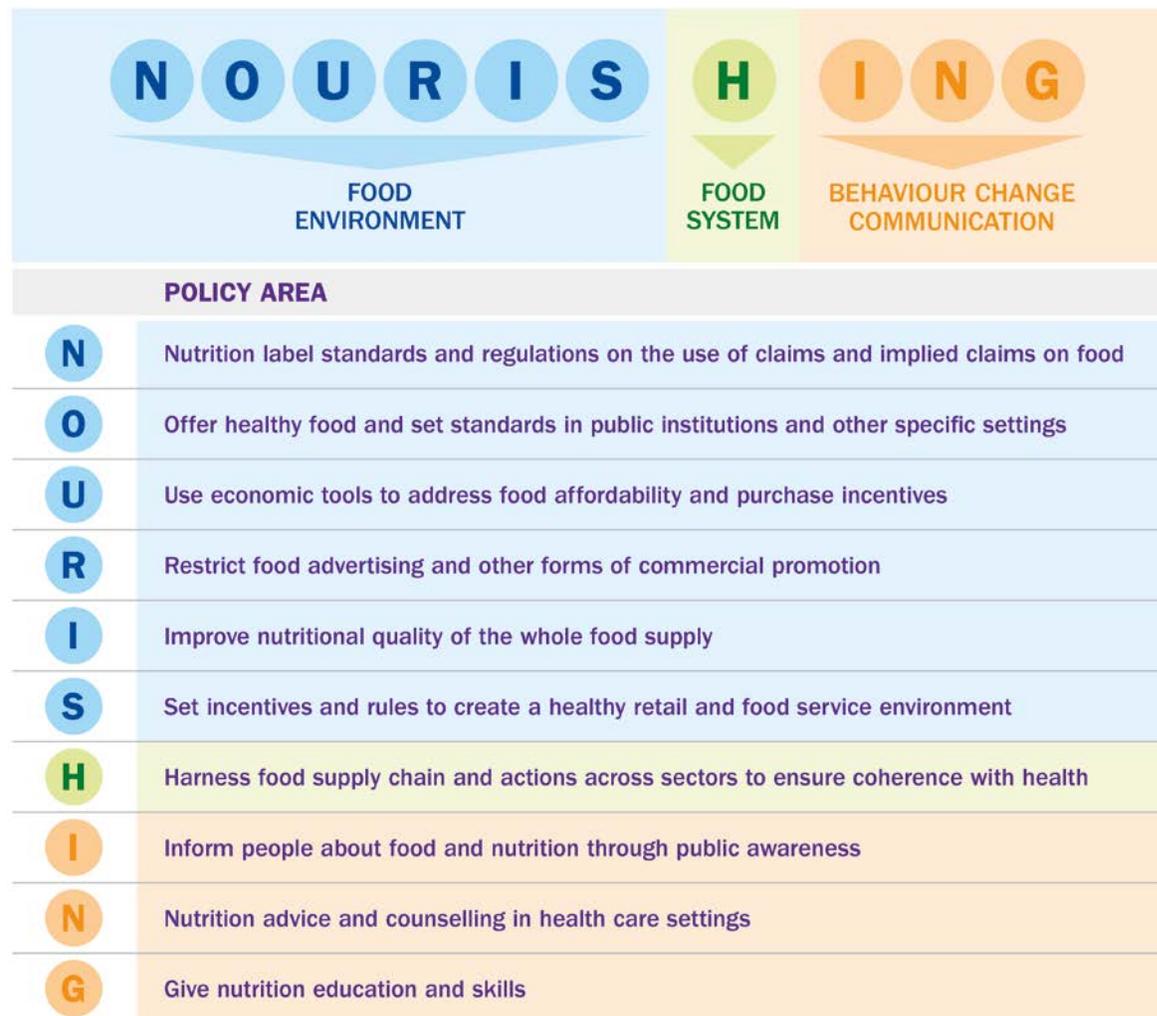
# Using a policy framework to approach to support action

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**Policy frameworks** can help policymakers to:

- ✓ **conceptualise, organise and package** policies to address risk factors
- ✓ **plan, develop, implement and evaluate** policies
- ✓ **identify** available **policy levers** and **policy options** that can be used **to create health-enhancing environments**
- ✓ develop a **comprehensive policy approach**, which can be **adapted to reflect national contexts** to **achieve system-wide change**

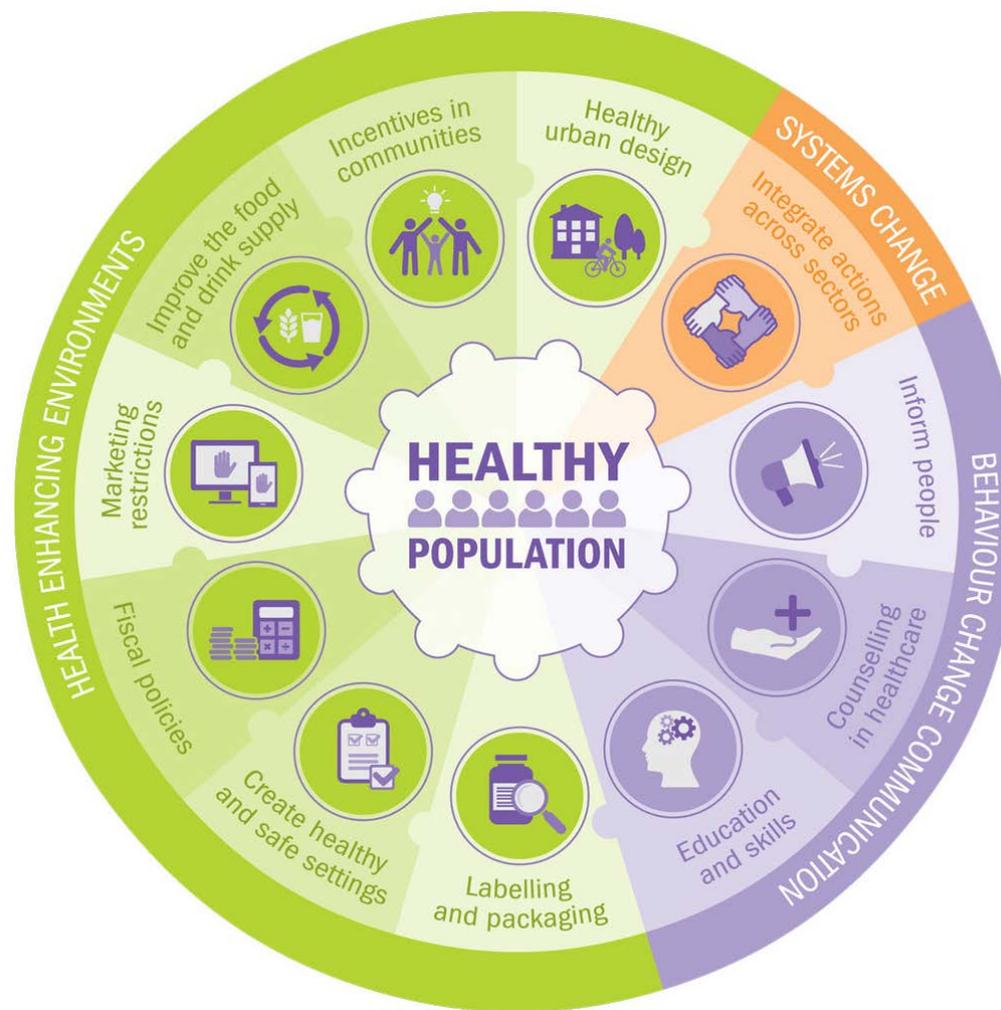
# Our NOURISHING framework



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# Our Driving Action framework

- **Diet**
- **Physical activity**
- **Breastfeeding**
- **Alcohol consumption**



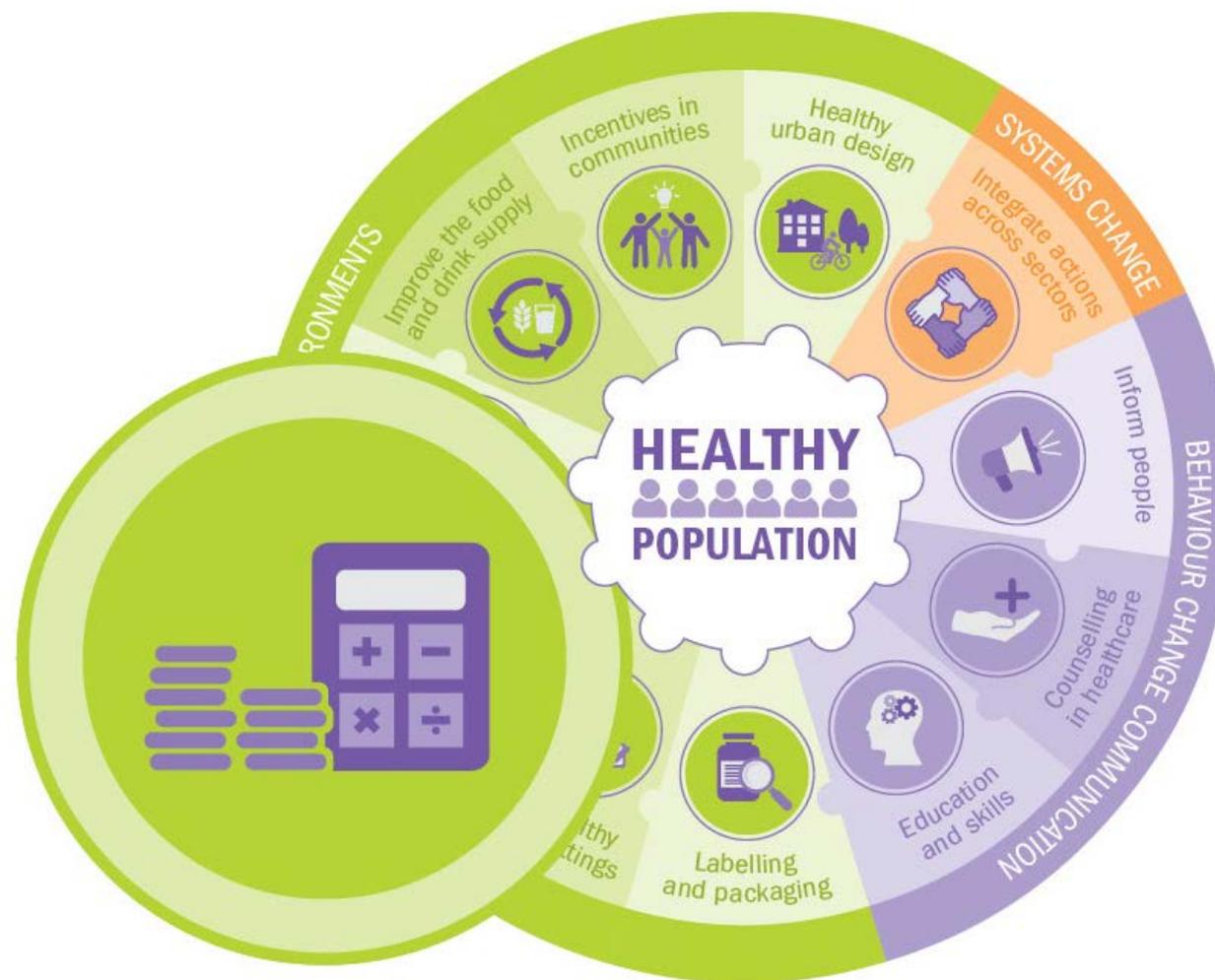
# Fiscal policies

**Diet:** Health-related taxes (e.g. sugar sweetened beverages)

**Physical activity:** Incentives, tax deductions and targeted subsidies to support participation in physical activity

**Alcohol:** Excise taxes on alcoholic drinks

**Breastfeeding:** Maternity leave cash benefit



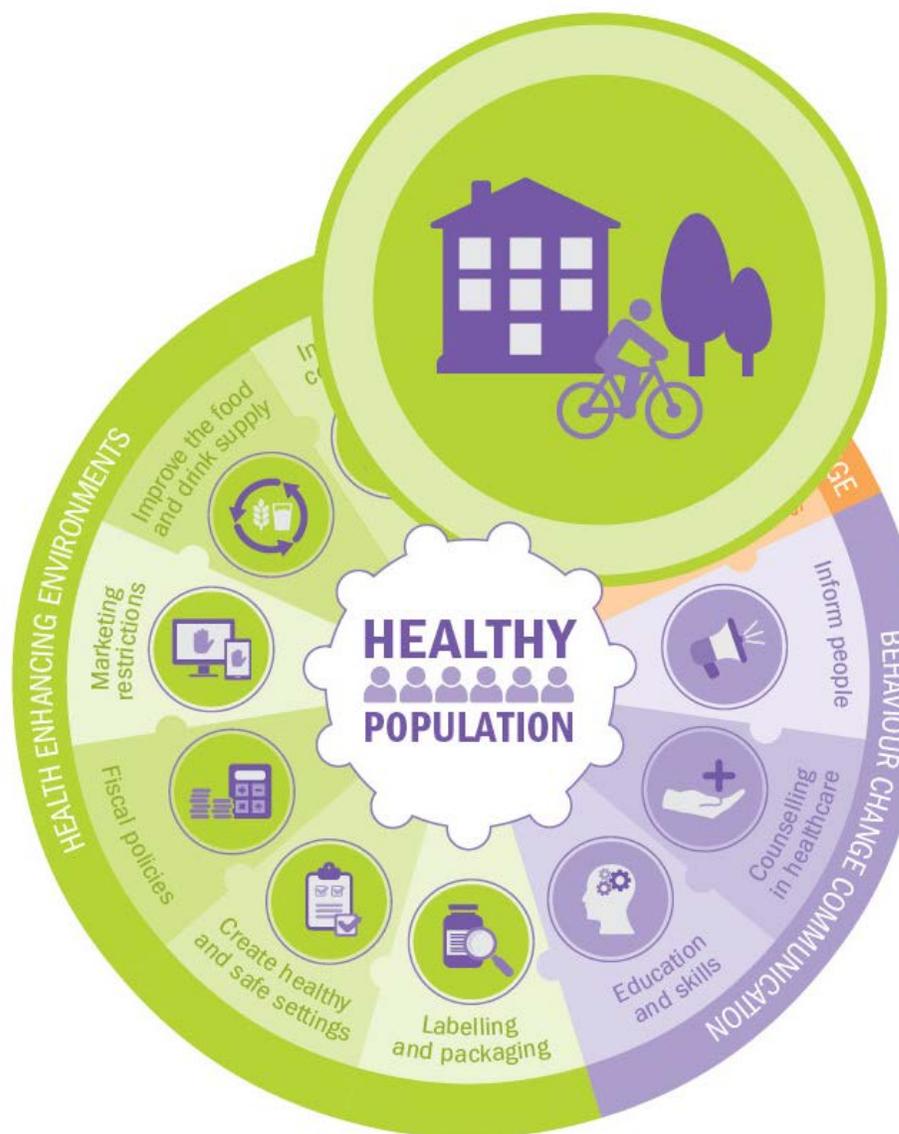
# Healthy urban design

**Diet:** Planning restrictions on food outlets

**Physical activity:** Transport planning policies, systems and infrastructure that prioritise walking, cycling and use of public transport

**Alcohol:** Restrictions on density of on-premise and off-premise alcohol outlets and integration of public health considerations into relevant planning laws

**Breastfeeding:** Implement policies that encourage and support women to breastfeed in public



# Driving Action – accompanying policy brief



## DRIVING ACTION TO PREVENT CANCER AND OTHER NON-COMMUNICABLE DISEASES

a new policy framework for promoting  
healthy diets, physical activity, breastfeeding  
and reducing alcohol consumption



# More action is urgently needed

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- Important policy actions are being taken around the world, but action to date has been **insufficient**
- More **concerted** action is needed to achieve the global target of reducing premature deaths from NCDs, including cancer, by 25 per cent by 2025 and to achieve the related Sustainable Development Goals
- Our evidence-based **Cancer Prevention Recommendations** can help inform policy action to benefit all
- The new policy framework can be used by governments to **identify policy actions** to help create environments conducive to following the 2018 Cancer Prevention Recommendations

# Louise Meincke

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[facebook.com/wcrfint](https://facebook.com/wcrfint)  
[wcrf.org/blog](https://wcrf.org/blog)



# Pacific insights: the role of evidence in shaping the development and implementation of obesity policy

SESSION: From evidence to practice – opportunities and challenges in obesity-related cancer prevention

Daiana Buresova

Regional Coordinator for the Pacific  
McCabe Centre for Law and Cancer

 **World Cancer Congress**  
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**Number (code): T1-104**

Disclosure of interest: None declared

# MCCABE CENTRE FOR LAW & CANCER

A graphic element consisting of two thick, curved orange lines that meet at a central point, resembling a stylized book or a bridge.

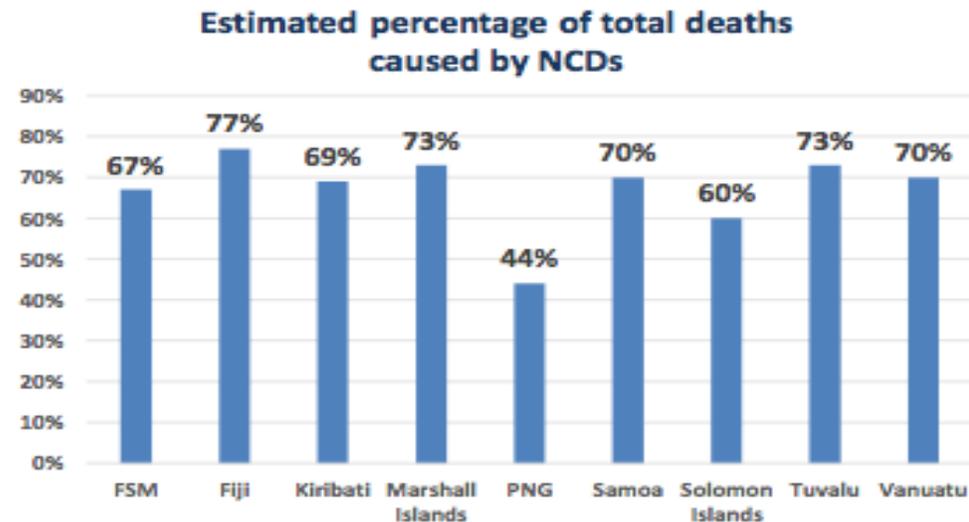
[mccabecentre.org](https://mccabecentre.org)



[McCabe\\_Centre](https://twitter.com/McCabe_Centre)

# NCDs impose a massive burden on the Pacific

- The probability of dying from an NCD in the Pacific is high – 70% for most PICs
- Most deaths are premature



Source: WHO.

Seven Pacific countries are in the top 10 for world's highest diabetes prevalence

Rank	Country	Prevalence of diabetes (as percentage of 20-79 year olds, in 2015 (age adjusted))
1	<b>Tokelau</b>	30
2	<b>Nauru</b>	24.1
3	Mauritius	22.3
4	<b>Cook Islands</b>	21.5
5	<b>Marshall Islands</b>	21.3
6	<b>Palau</b>	20.9
7	Saudi Arabia	20
7	Kuwait	20
7	Qatar	20
10	<b>New Caledonia</b>	19.6

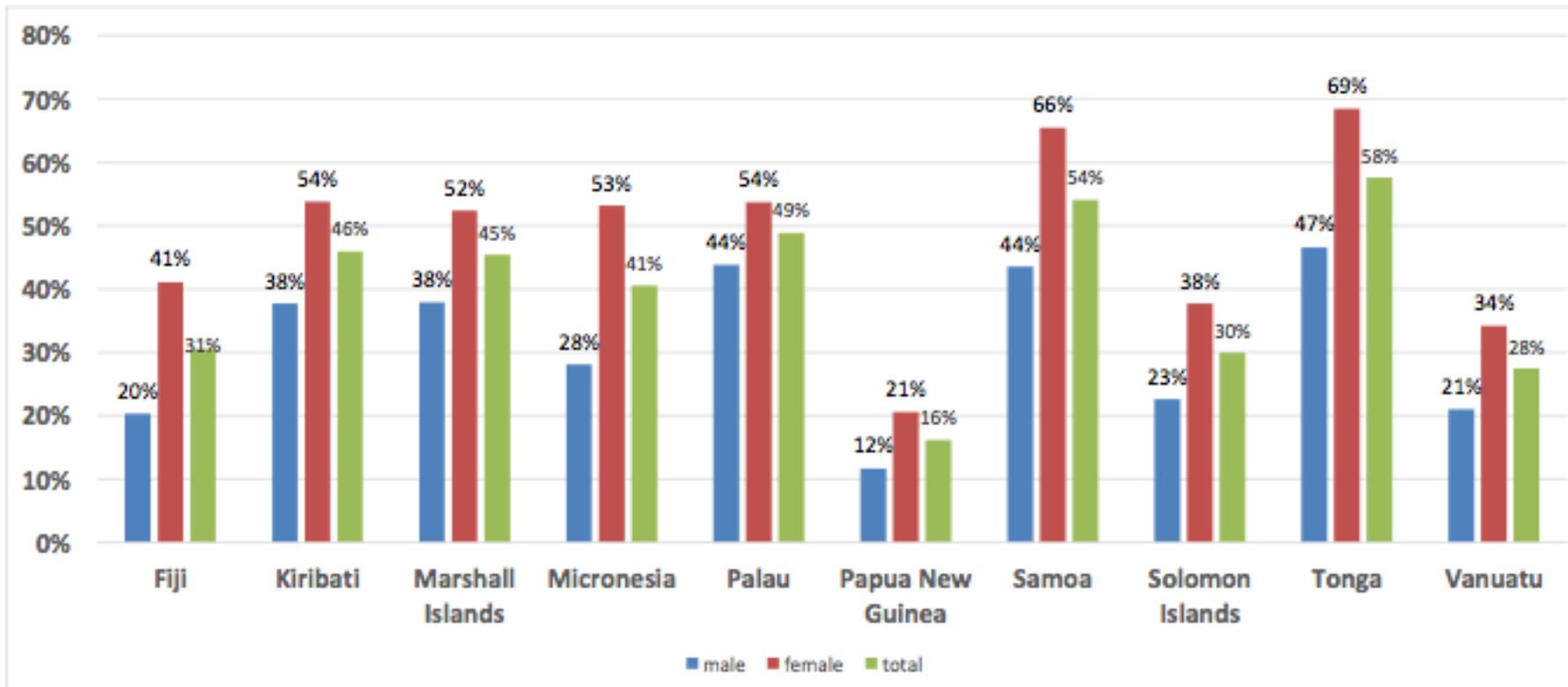
Source: International Diabetes Federation.

# Pacific: high prevalent risk factors

The Pacific has high overweight and obesity levels

Prevalence of Obesity Rates in the Pacific

Source: WHO

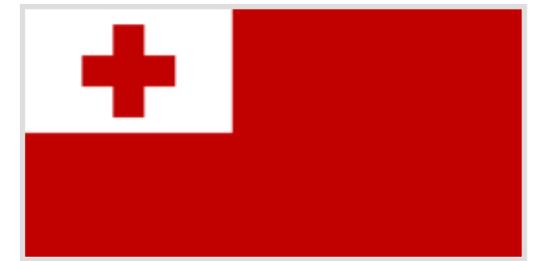


The top seven most obese countries in the world are in the Pacific

Tonga (58%) and Samoa (54%) have the highest obesity rates

This is much higher than the 13% global average

# Policy Intervention: Taxation in Tonga on unhealthy food products



- Tonga's WTO membership saw national customs reform and a simplification of the tariff band structure. Tonga currently has six tariff bands ranging from 0 to 20 %
- The 5% tariff rate was introduced in August 2013 as a reduced tariff rate to encourage the consumption of fish; otherwise the bands have remained unchanged
- Evaluation of regulatory measures focusing on two NCD risk factors: tobacco and unhealthy diets.
- The Government of Tonga commissioned by FAO from the C-Pond to assess the effectiveness of food taxation in Tonga.

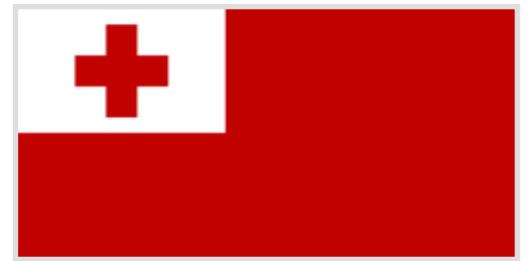
TABLE 2: FOOD TAXES IN TONGA, JULY 2016 (TOP TONGAN PA'ANGA 1 = USD 0.45)

FAO and C-Pond 2017: Effects of food taxation in Tonga: A snapshot

	OLD RATE	NEW RATE	AVERAGE PRICE (TOP) AS AT MARCH 2017
<b>Turkey tails</b>	-	\$1.50 per kg excise duty	\$5.50 per kg
<b>Chicken leg quarters</b>	-	40 sentil per kg excise duty	\$3.50 per kg
<b>Mutton flaps/lamb breast &amp; flaps</b>	-	15% customs duty	\$13 per kg
<b>Mayonnaise</b>	-	15% customs duty \$2.00 per kg excise duty	\$15-18 for 500g jar
<b>Lard/dripping</b>	\$1.00 per kg	\$2.00 per kg	N/A

# Evidence-based evaluation

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- It is part of a wider World Bank Group study undertaken in close consultation with a range of stakeholders.
- Assess the impacts of NCD related taxation on price, consumption and government revenue.

## **Aim of the study is to:**

- (i)** strengthen the monitoring of NCD related tax;
- (ii)** improve the design of future NCD related taxation policy as well as non-taxation policy; and
- (iii)** share the Tonga experiences with other countries that face similar NCD and obesity burdens.

# Preliminary findings: World Bank study in Tonga

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- Positive impacts have been observed from the NCD tax policy.
- Food consumers do not always respond to price increase – behaviours depend on food products. E.g. tax on turkey tails and mutton flaps helped reduce consumption, but had limited effects on consumption of chicken leg quarters



- Lack of affordable healthy food alternatives remain a major issue.
- Comprehensive menu of policy options to address the high prevalence of obesity in Tonga.

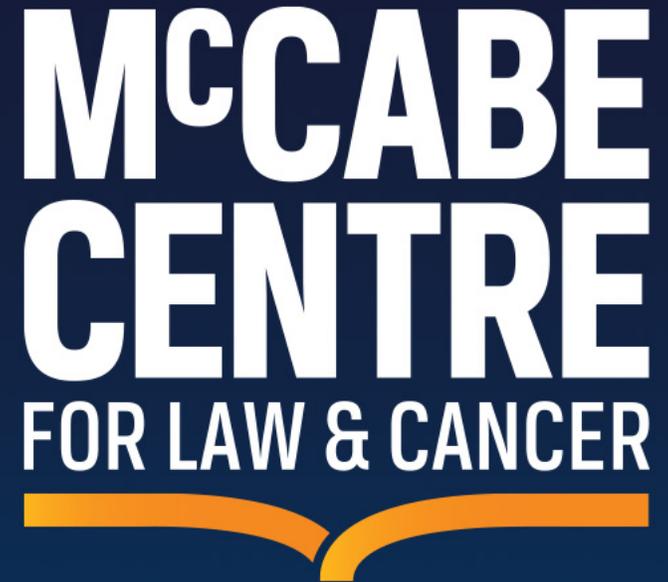
# Evidence-based collaboration

## World Bank and a multi-sectoral approach

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- Government of Tonga
- Australian Department of Foreign Affairs and Trade
- New Zealand Ministry of Foreign Affairs and Trade
- The Food and Agriculture Organization (FAO)
- World Health Organization
- Pacific Community (SPC)
- Development partners
- Civil society organisations
- Church groups
- Private sector

Thank you for your attention



[mccabecentre.org](http://mccabecentre.org)



[McCabe\\_Centre](https://twitter.com/McCabe_Centre)



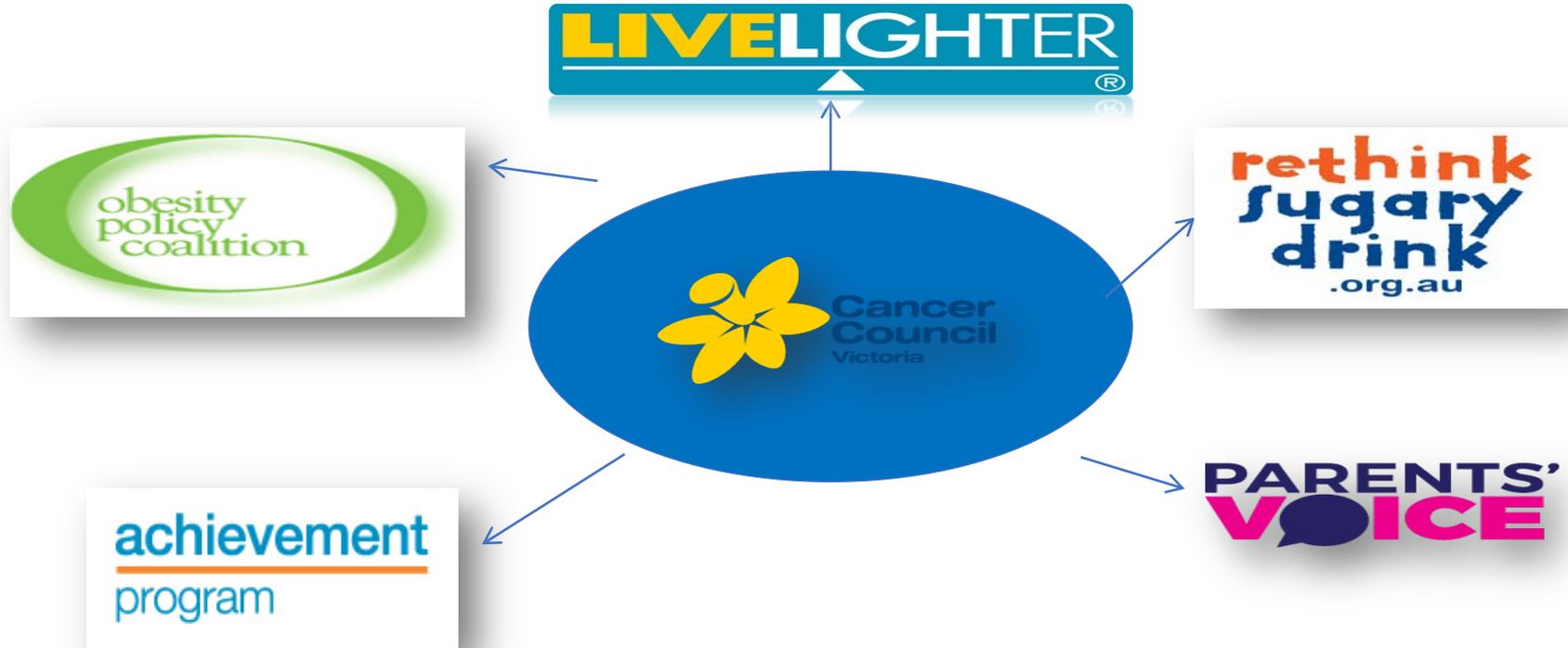
# Multi-Component Approaches to Tackling Obesity

**Adjunct Associate Professor Craig Sinclair**  
**Head, Prevention Division**  
**Cancer Council Victoria**

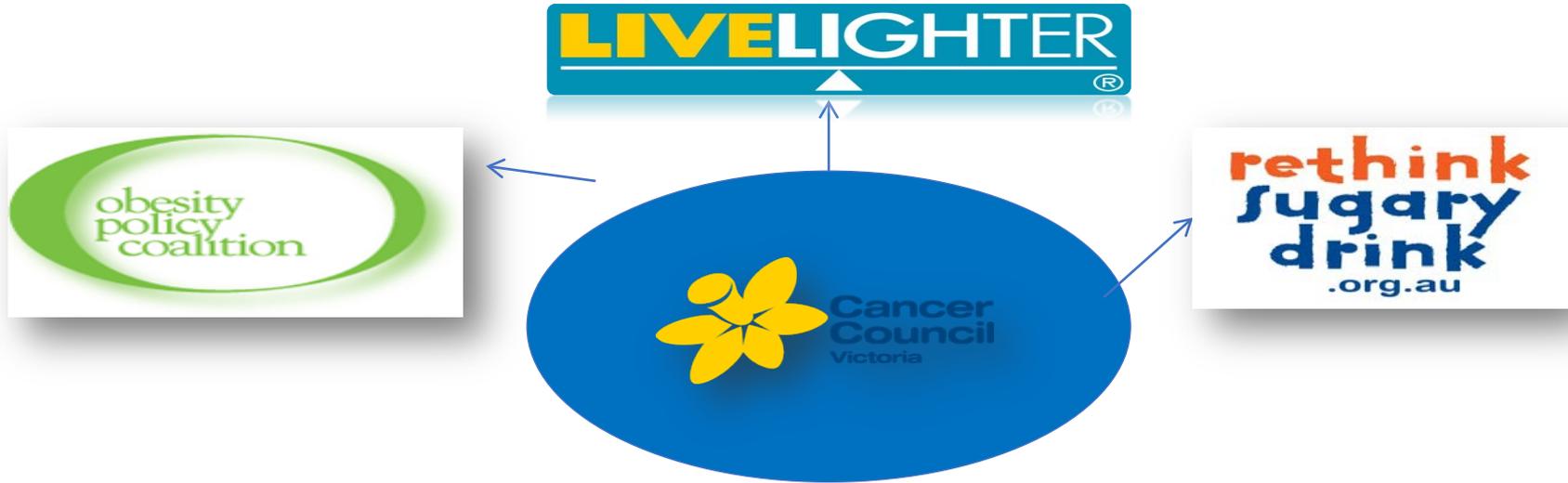
# Driving our consumption



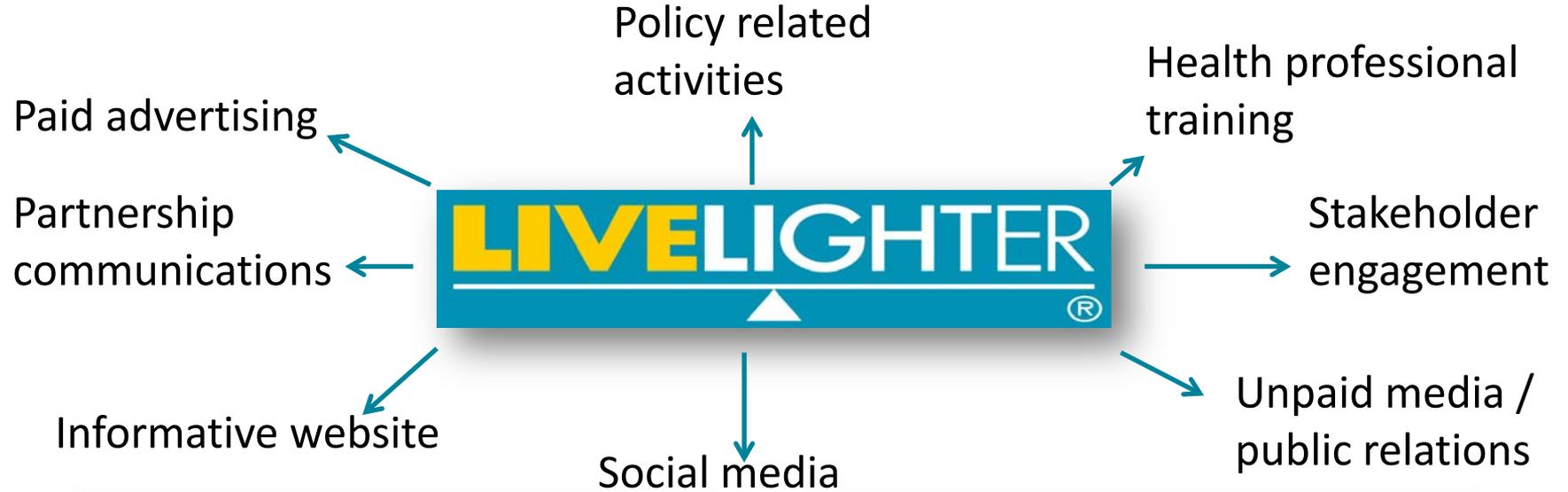
# Multi-Component Approach to tackle Obesity



# Multi-Component Approach to tackle Obesity



# 8 AREAS OF ACTION

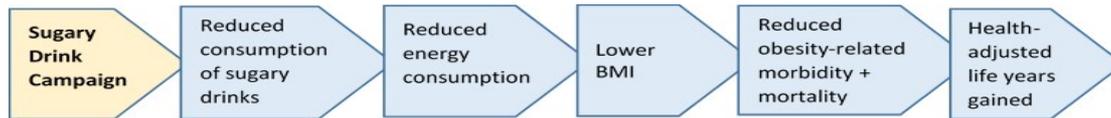




# Economic evaluation

Economic modelling by researchers at Deakin University has found a three year campaign funded at \$9.8M over 3 years across Victoria would:

- save \$51.3M healthcare system costs and 2,743 years of life
- gain 4,546 health adjusted life years over the lifetime of the population.
- Every \$1 invested in the campaign will return an estimated \$5.22 in healthcare cost savings



**Key steps in the modelled analysis**

Ref: McCaffrey et al – awaiting publication

# rethink sugary drink

Sports drinks are gammin! Go for water instead



Think you need a sports drink after exercise? Think again!

Rethink Sugary Drink has launched a new campaign to show the Aboriginal community that sports drinks are full of sugar and no good for us - they're gammin!

Regular consumption is bad for your teeth and can lead to weight gain, increasing the risk of type 2 diabetes, heart and kidney disease, stroke and some cancers.

So the next time you feel like a sports drink, go for tap water instead. It's free, convenient and the best way to hydrate.



How much sugar is in...

Facts

Tips and resources

For professionals

# FACTS ABOUT SUGARY DRINKS



THERE ARE ABOUT **16 PACKS OF SUGAR**

IN 1 600ML BOTTLE OF REGULAR SOFT DRINK



**6.75KG WEIGHT GAIN IN ONE YEAR**

It has been estimated that consuming one can of soft drink per day could lead to a 6.75kg weight gain in one year (if these calories are added to a typical US diet and not offset by reduction in other energy sources)

**1.28 BILLION LITRES**

THE AMOUNT OF CARBONATED/STILL DRINKS BOUGHT IN 2012

In the 12 months to October 2012, Australians bought 1.28 billion litres of carbonated/still drinks with sugar, with regular cola drinks being the most popular (447 million litres)

9 PACKS OF SUGAR IN 600ML SPORTS DRINK



DRINKING A CAN OF SOFT DRINK EACH DAY WILL SIGNIFICANTLY INCREASE YOUR RISK OF

**TOOTH DECAY AND EROSION**



**47% OF CHILDREN**

The 2007 Australian National Children's Nutrition and Physical Activity Survey found that 47% of children (5 to 16 years of age) CONSUMED SUGAR-SWEETENED BEVERAGES (INCLUDING ENERGY DRINKS) EVERY DAY

If you drink 1 x 600ml regular soft drink every day for a year you will drink

**23 KILOS OF SUGAR**



8 PACKS OF SUGAR IN 250ML ENERGY DRINK



**AUSTRALIA IS IN THE TOP 10 COUNTRIES FOR PER CAPITA CONSUMPTION OF SOFT DRINK**



1 pack = 4 grams of sugar

## Rethink Sugary Drink partner organisations





# INFLUENCE CHANGE



## Our policy work

The Obesity Policy Coalition advocates to influence change through policy and regulation to improve diets and help prevent obesity, particularly in children.



## Our campaigns

**Overbranded, Underprotected**  
A comprehensive analysis on how the food industry is failing to protect children from unhealthy food marketing with its self-regulated codes, and what needs to be done to improve the system.



## Media

Tuesday 28 August 2018  
[OPC welcomes \\$2.25m fine against Heinz for marketing high sugar toddler snacks as 'healthy'](#)

Friday 3 August 2018  
[Public health groups applaud Queensland's actions to improve diets and address obesity](#)

## What's the latest on Twitter

 **Obesity Coalition**  
@OPCAustralia

Great opportunity with the Western Australian Parliament announcing an inquiry into the role of diet in type 2 diabetes prevention and management. More here:  
[parliament.wa.gov.au/Parliament/com...](http://parliament.wa.gov.au/Parliament/com...)



5h



# Tipping the Scales

## TIPPING THE SCALES

8 critical actions Australia must take to tackle obesity

[opc.org.au/tippingthescales](http://opc.org.au/tippingthescales)  
#TippingTheScales

- 

**1** **Toughen restrictions on TV junk food advertising to kids**
- 

**2** **Set food reformulation targets**
- 

**3** **Make Health Star Ratings mandatory**
- 

**4** **Develop an active transport strategy**
- 

**5** **Fund public health education campaigns**
- 

**6** **Add a 20% health levy to sugary drinks**
- 

**7** **Establish a national obesity taskforce**
- 

**8** **Monitor diet, physical activity, weight guidelines**

Endorsed by

Australian Chronic Disease Prevention Alliance



# You may not be able to please all stakeholders....

ALL of us have a part of play in ending fat phobia & making it safe to have a body in this world.....

@theminfuldietitian



bodypositiveyoga • Follow  
Melbourne, Victoria, Australia

there is NO place for fat phobia in health campaigns.... I am very upset and have been on the verge of tears for hours today. Let me share with you why.....today I participated in a "consultancy" session providing feedback to a state-based major organisation's "health campaign" around cancer prevention. .

This is an organisation whose previous campaign was hideously stigmatising and harmful (and together with a group, I was "consulted" last time too, with no effect). I went along to this meeting deliberately open-of-mind and fierce-of-heart to hear what they had planned for the next campaign - to be launched in 2 months..... thanks for the notice ☐

This WILL cause harm & the disregard for



223 likes

JULY 18

Log in to like or comment.

“.....There is NO room for fat phobia in health care, and "health campaigns" - stop pretending you've looked at "unintended consequences" when the only measure you're looking at is stigmatising attitudes? NO NO NO... I AM FURIOUS.”

*Stakeholder participant  
20K+ followers*

# Challenges for Cancer Organisations

- Crowded space with other NGOs; Cancer Organisations need a point of differentiation
- Hard to measure impact unless you focus on very specific behavioural outcomes, eg reducing SSBs
- Extremely difficult to reduce weight gain at a population level
- Fighting the ultra-processed food industry is an up-hill battle
- Counter efforts by those working in the body image arena can undermine efforts and need careful management

# Opportunities

- Explaining the relationship between obesity and cancer provides new information to the general public
- Delivering public education legitimises cancer organisations having a role in advocating for policy changes
- We need to see our engagement working in the obesity area as we have with tobacco and UV – over the long term.



[Craig.Sinclair@cancervic.org.au](mailto:Craig.Sinclair@cancervic.org.au)



[@CraigSinclairA](https://twitter.com/CraigSinclairA)

Artist: Dixon Patten Jnr - Yorta Yorta and Gunnai  
[www.cancervic.org.au/dixon-patten](http://www.cancervic.org.au/dixon-patten)



# Bridging the gap by working across sectors to tackle obesity

SESSION: From evidence to practice - opportunities and challenges in obesity-related cancer prevention

Gitte Laub Hansen

Danish Cancer Society



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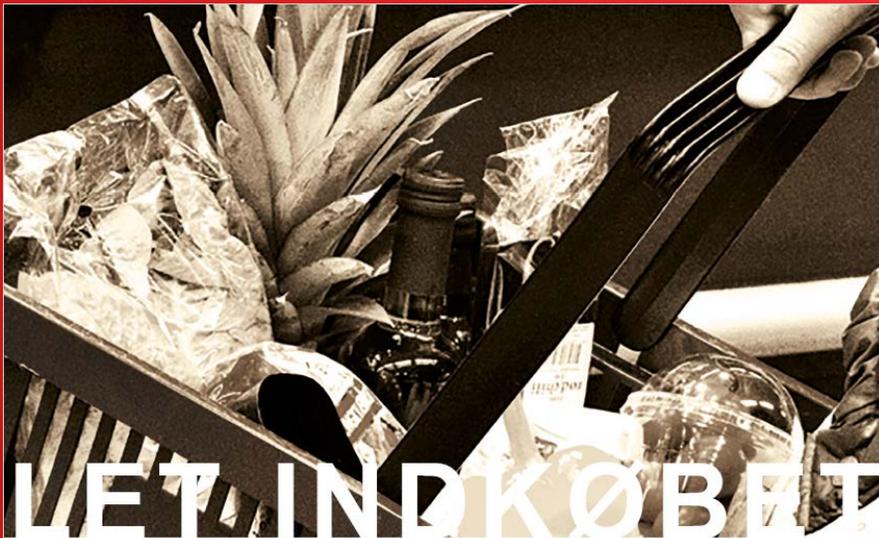


Track 1

Disclosure of interest: None declared

“In 2015 customers in a large Danish retail chain bought 5% less calories, that equals 3.800 tons of butter”

– Gitte Laub Hansen  
Calorie Accounting



## Interventions

- Reformulation
- Supermarket brochures (special offers)
- Shelf space management
- Downsizing



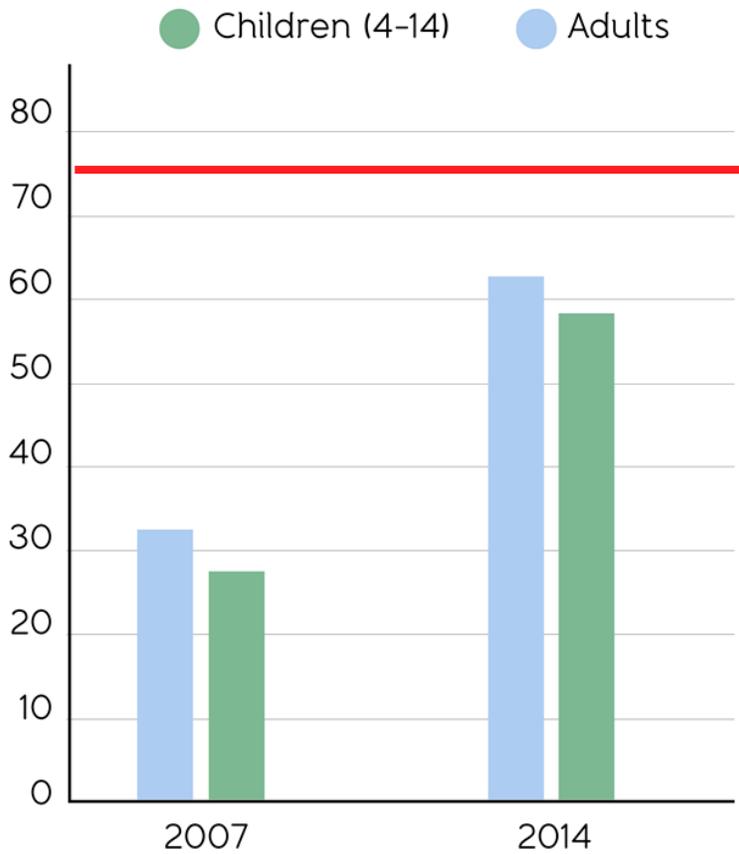
	2012	2013	2014	2015
Index for Kcal turnover	100	110	120	131
Index for Dkr. turnover	100	114	126	137
% calorie reduction	0	3	4	5
Kcal reduction Billion Kcal	0	16,7	24,6	27,3

# Cornerstones in the success of the Danish Wholegrain Partnership

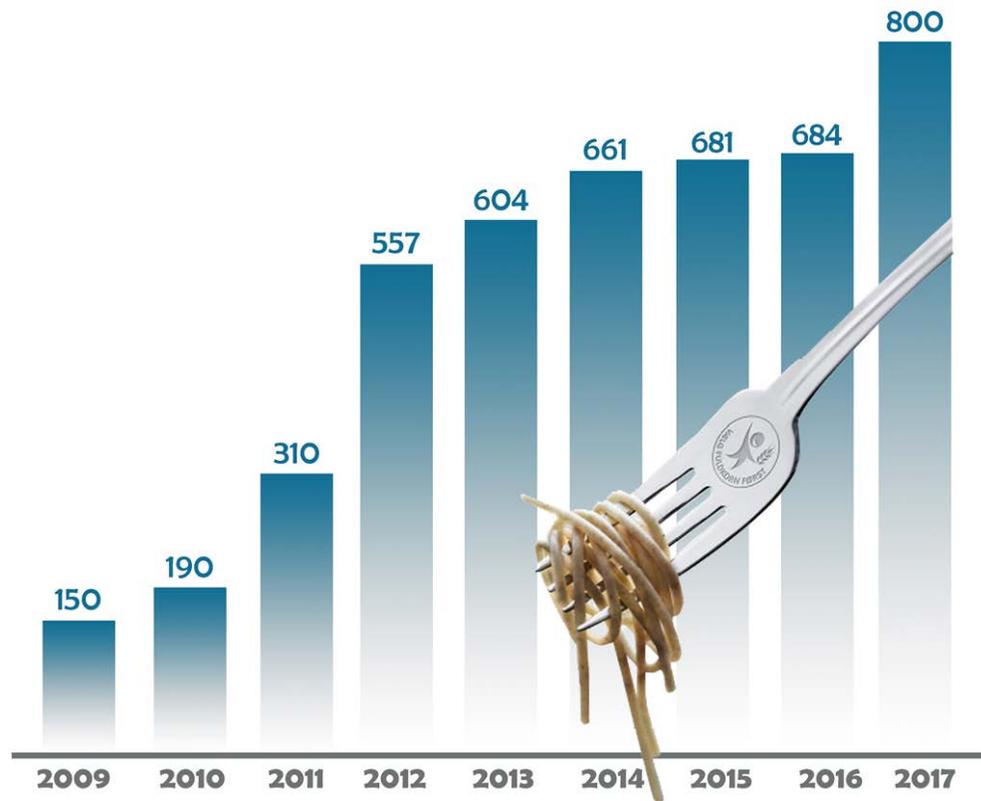


# 1. Documentation

## EVIDENCE BASE – MONITORING EFFECT



Mean intake g WG per day

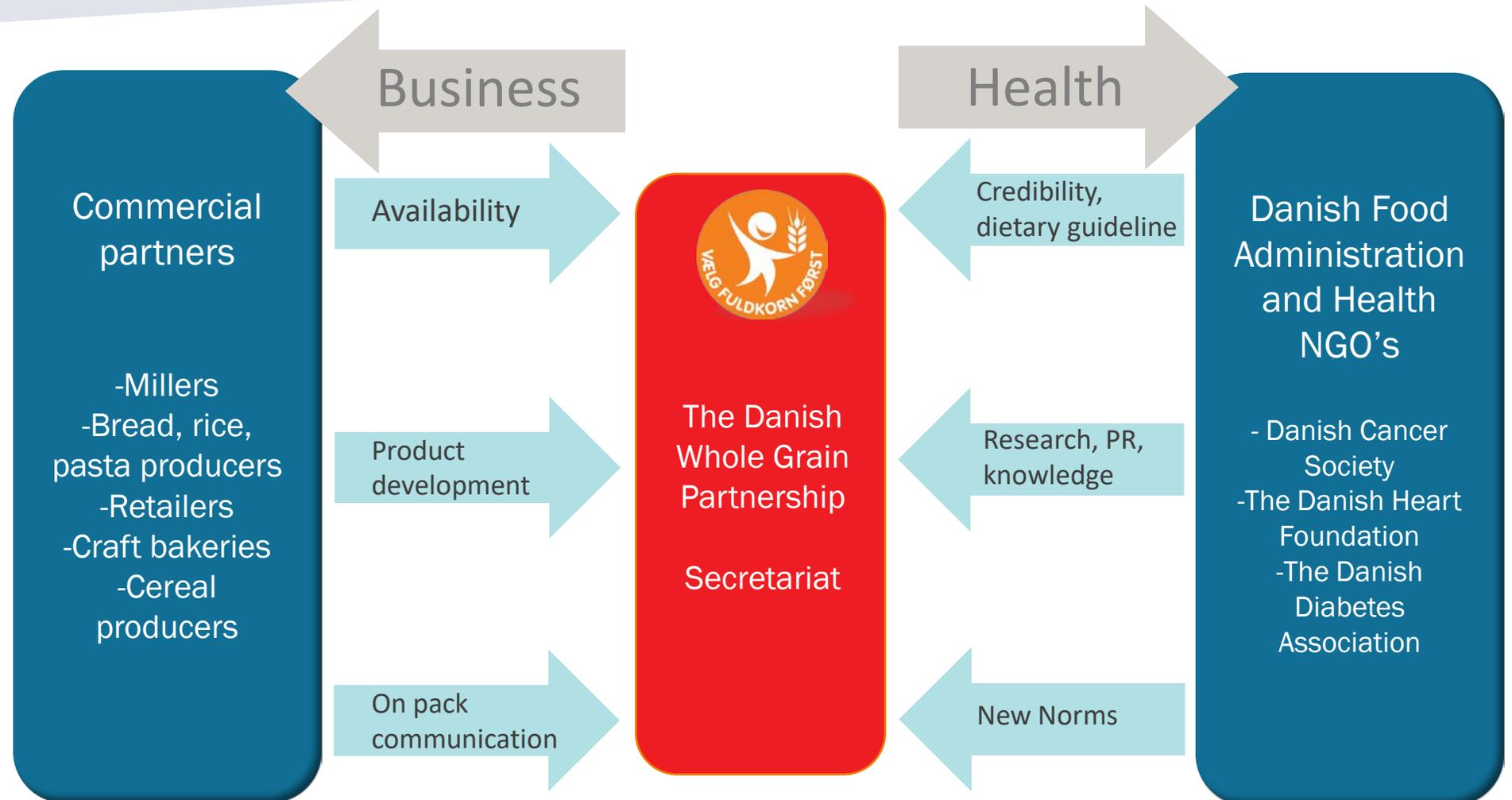


Number of logo labelled WG products



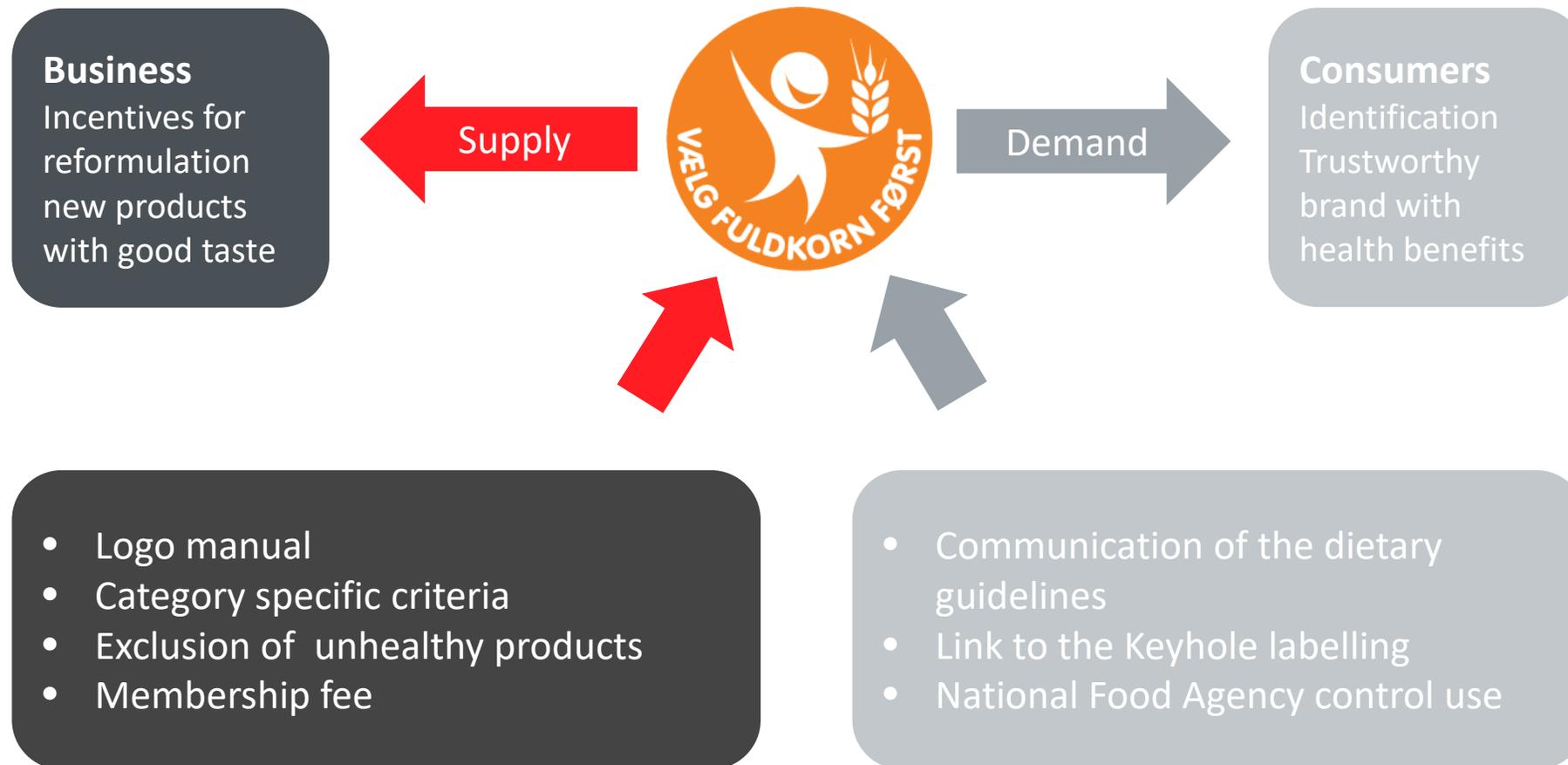
# 2. Organization

## DIFFERENT PARTNER ROLES



# 4. Availability

## SUPPLY AND DEMAND



# From evidence to practice - when should you collaborate with food industry?

## IMPLICATIONS



When regulation of the market is not an option



When improving knowledge of a healthy diet is not effective



You can agree common goals



You can exploit industry incentives to change



You are willing to work long term and share legitimacy



You continuously work evidence based and document progress

# Thank you for your attention

Gitte Laub Hansen

Danish Cancer Society

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# From evidence to practice – opportunities and challenges in obesity-related cancer prevention

Working cross-organizationally to create impact:

Marketing in a whole system approach to tackling obesity

Abigail Brown, Head of Health Campaigns and Marketing, Cancer Research UK



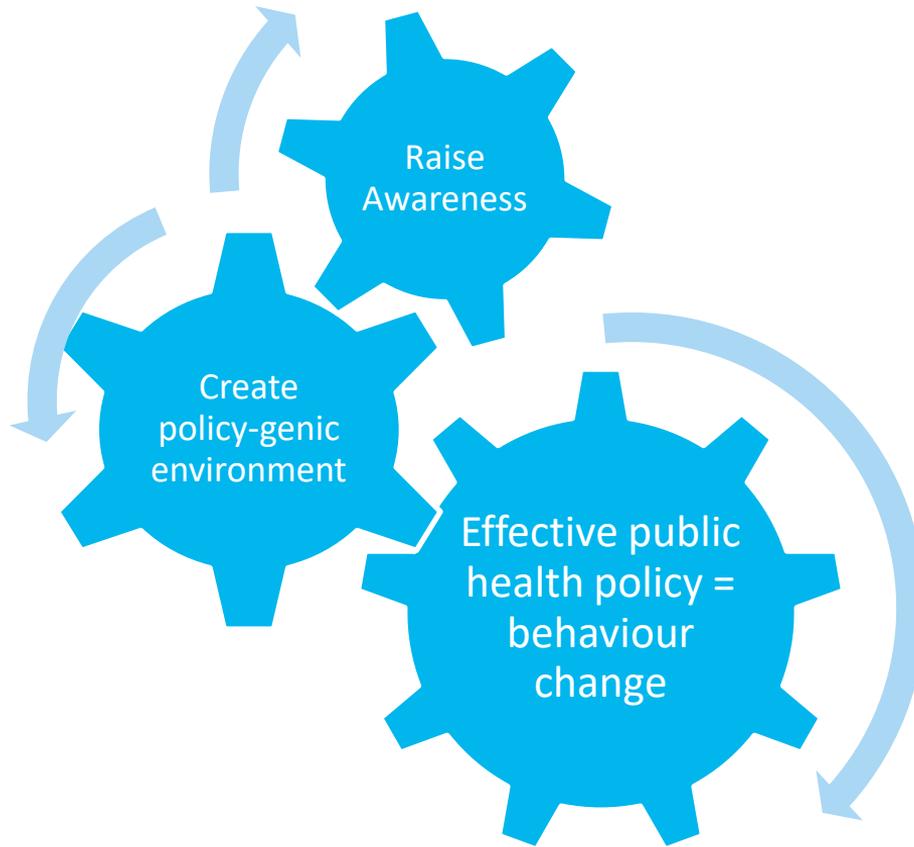
World Cancer Congress  
Kuala Lumpur, Malaysia  
1–4 Oct 2018

Strengthen  
Inspire  
Deliver



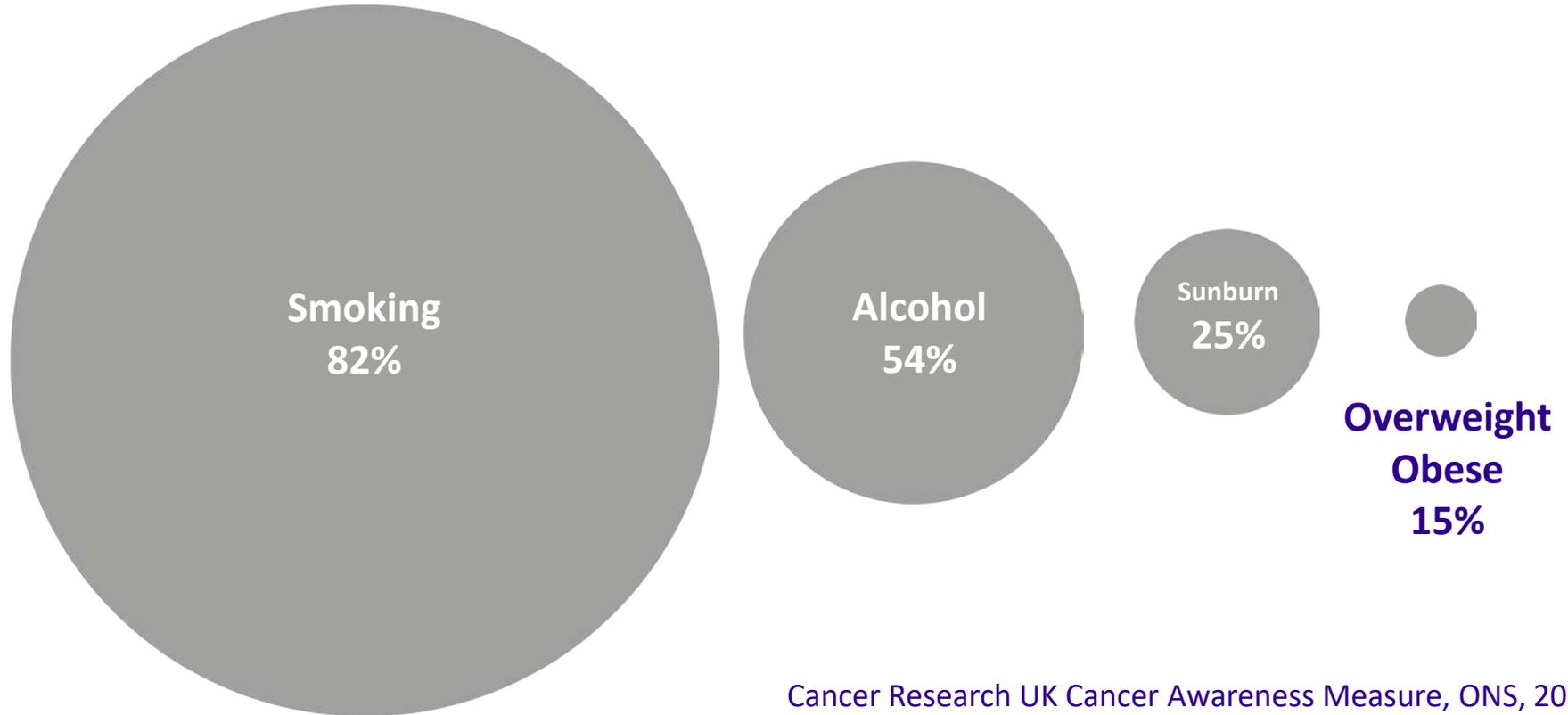
Track 1: Motivating prevention and healthy behaviours

Disclosure of interest: None declared



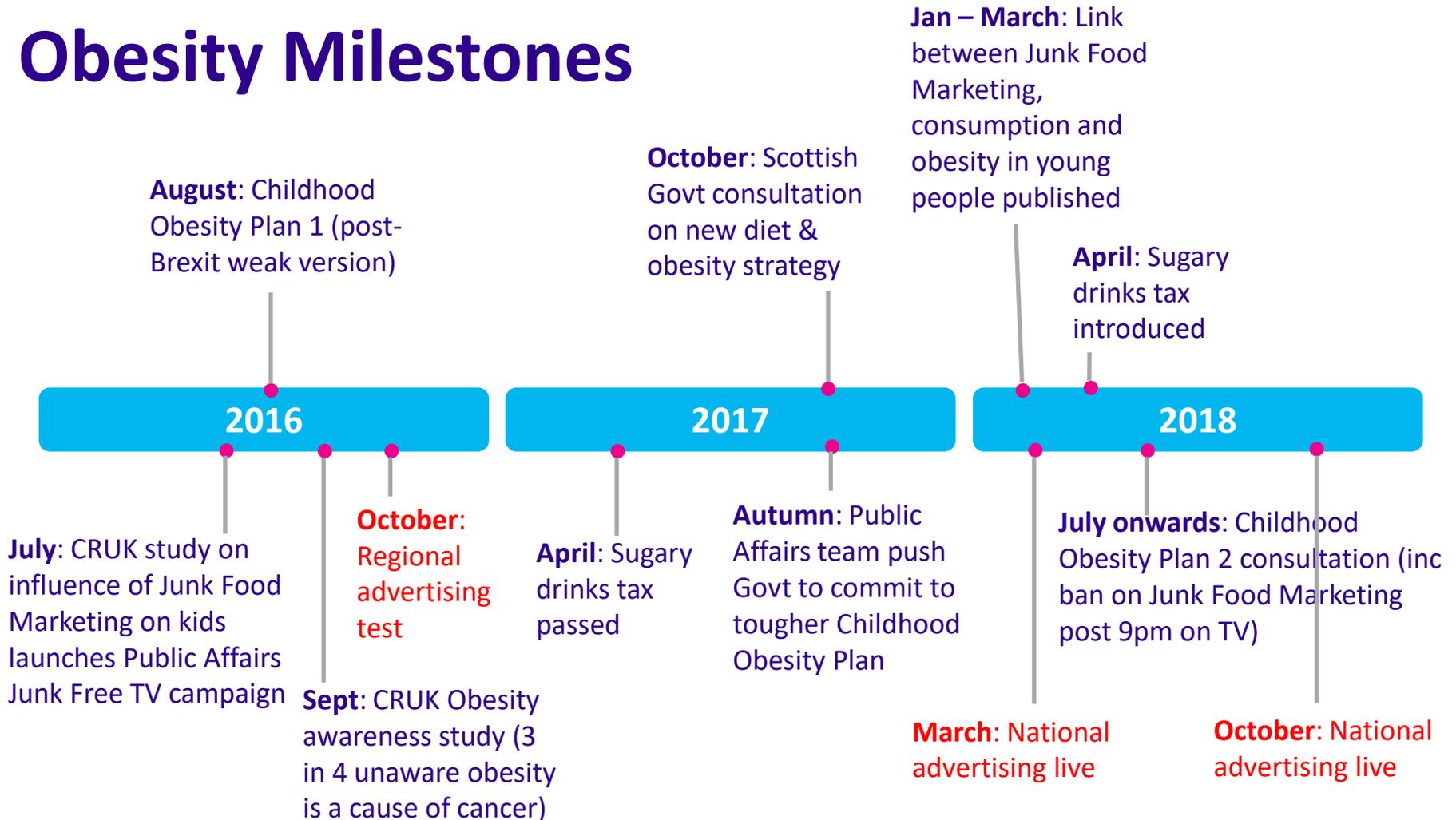
Informed by P Buykx et al, International Journal of Drug Policy, 2015

# Awareness of overweight/obesity as a risk factor is low



Cancer Research UK Cancer Awareness Measure, ONS, 2017

# Obesity Milestones





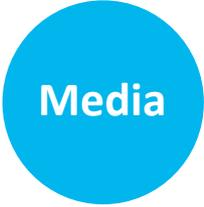
**Objective**

To raise awareness of the link between obesity and cancer



**Audience**

UK-wide adults age 30-60



**Media**

Multi-channel: Outdoor, Radio, Digital, Social Media, Press & PR  
Piloted in 1 region, then rolled-out nationally



**Insight**

Important message needs to be clear and strong  
Comparing obesity to smoking as the second biggest preventable cause of cancer, stops people in their tracks

OSCOT  
2085-02

# OB\_S\_\_Y

is a cause of cancer

Guess what is the biggest preventable  
cause of cancer after smoking.



CANCER  
RESEARCH  
UK

LET'S BEAT CANCER SOONER

primesight

OB\_S\_\_Y  
is a cause of cancer

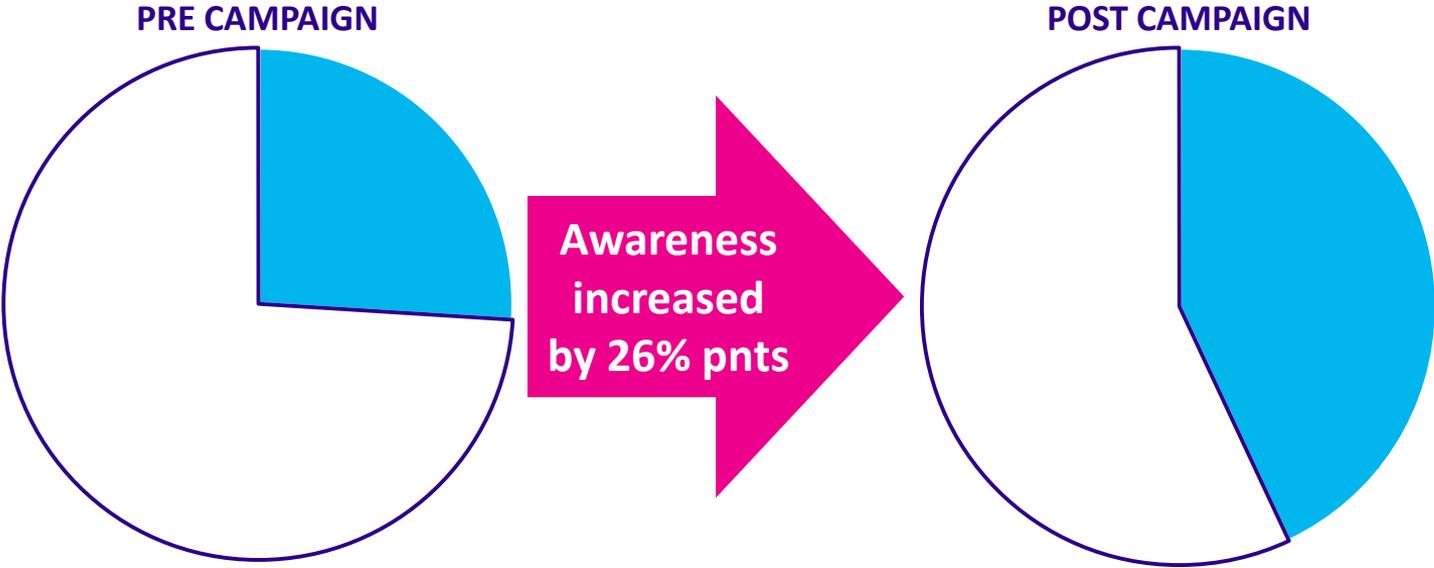
Guess what is the biggest preventable  
cause of cancer after smoking.



55% had seen the  
campaign

37% recognised  
the poster

# Campaign impact: We asked the public, ‘what things affect a person’s chance of getting cancer?’



■ % mentioned overweight/obesity spontaneously

# Campaign impact: Alongside lobbying, the campaign positioned CRUK as an established voice on obesity

Positive comment from Members of Parliament including Sharon Hodgson, shadow Public Health Minister

Launch story mentioned as 'must read' in the Times Red Box (brief for MPs)

96% MPs agreed it was important message

82% MPs felt campaign was relevant to them

Sharon Hodgson MP   
@SharonHodgsonMP Follow

Pleased that [@CR\\_UK](#) are raising awareness of the link between obesity and cancer. Obesity is the second largest preventable cause of cancer behind smoking so Govt. must take steps to drive down obesity rates.

 **Cancer Research UK**  [@CR\\_UK](#)  
What is the second biggest preventable cause of cancer behind smoking? Make your guess, then watch our video to find out the answer... [po.st/J5kOFF](#)

2:44 am - 1 Mar 2018

10 Retweets 18 Likes

18

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The campaign controversy ultimately got the issue talked about so overall it was a positive outcome



**METRO** NEWS... BUT NOT AS YOU KNOW IT

HOME NEWS SPORT ENTERTAINMENT LIFESTYLE VIDEO MORE »  
UK WORLD WEIRD TECH

Sofie Hagen accuses Cancer Research UK of 'fatshaming' obese people

Jen Mills Thursday 1 Mar 2018 3:36 pm



The Guardian view Columnists Cartoons Opinion videos Letters More

Obesity Opinion

It's not fine to be fat. Celebrating obesity is irresponsible

*Lizzie Cernik*



**Big Mac anyone?**



## 3 key learnings

- Be prepared to defend the evidence base
- Establish clear roles and responsibilities
- Max out press opportunities

# THANK YOU

Together we will beat cancer



CANCER  
RESEARCH  
UK