



breast
cancer uk.

**A MANIFESTO
FOR BREAST
CANCER
PREVENTION**

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AN INTRODUCTION FROM OUR CEO, THALIE MARTINI



Hello and welcome.

I am delighted to introduce our 2024 Manifesto for Breast Cancer Prevention.

At Breast Cancer UK, we're passionate about educating the public on breast cancer prevention and reducing breast cancer risk. We believe empowering communities and individuals through education and behaviour change is the best path to effective prevention.

But for this to happen, the Government must implement measures that prioritise prevention across the UK. We want to work in partnership with the Government, and other organisations who share our concerns, to tackle the lifestyle and environmental causes of breast cancer head-on. We know that understanding the preventable causes of breast cancer is key, and this is what drives our scientific research programme.

Breast cancer is the most common cancer in the UK, with around 56,000 new cases diagnosed per year, but we believe we can change this [1].

Studies tell us that at least 30% of all cases could be prevented, saving thousands of lives, avoiding unnecessary suffering, and reducing costs on our NHS.

Not all breast cancer cases can be prevented. However, it is essential to acknowledge that helping the public to lower their breast cancer risk through education and lifestyle changes could reduce breast cancer incidence rates.

Since we were founded in 2001, we continue to be the only UK cancer charity that focuses on all aspects of primary breast cancer prevention, including diet, lifestyle, and exposure to harmful chemicals found in everyday products and our environment.

We were part of the successful campaign to ban the chemical BPA in baby bottles in 2011. We launched our scientific research programme in 2013 to bridge the gap in scientific knowledge of the environmental causes of breast cancer.

In 2021, we created our Breast Cancer Prevention Hub with our Prevention Quiz. It provides engaging educational content that allows people to learn about breast cancer prevention in a way that's relevant to them. As of April 2024, over 163,000 people have used this free digital resource, taking informed and meaningful steps in their everyday lives to lower their risk. [\(See QR code for the quiz\).](#)



Despite these milestones, we have a long way to go. Our commitment to deliver is stronger than ever. But we can't do it alone.

We know we can reduce the impact of preventable cancers on people's lives, our economy, and our NHS. This manifesto shows our commitment to supporting healthier lifestyles and protecting the public from hazardous chemicals.


Our manifesto outlines several evidence-based factors affecting breast cancer risk, including environmental influences such as exposure to environmental chemicals and lifestyle influences such as diet, physical activity and alcohol.

We call for collaborative action between the UK Government, various UK organisations and the UK public to prioritise breast cancer prevention and strive towards effective, action-oriented policies.

If you are interested in our work and want to read more, please visit our website at <https://www.breastcanceruk.org.uk/>. We provide resources that can help inform you on breast cancer prevention.

A handwritten signature in red ink, located in the bottom right area of the page. The signature is stylized and appears to read 'Thalie Martini'.

Best wishes,
Thalie Martini



**“AT BREAST CANCER UK,
WE’RE PASSIONATE
ABOUT EDUCATING THE
PUBLIC ON BREAST
CANCER PREVENTION
AND REDUCING BREAST
CANCER RISK.”**

OUR SIX CORE RECOMMENDATIONS

With breast cancer rates climbing to a predicted 70,000 new cases per year by 2038, the UK Government must act now [2]. We urge them to consider our six key recommendations for effective prevention measures. Let's make breast cancer prevention a priority.

These recommendations are united under one purpose: to reduce the rising preventable cases of breast cancer in the UK.

In 2024 we look forward to working with the Government to deliver our manifesto and mission to drive change towards improved breast cancer prevention.

1

Implement long-term reform to healthcare, placing prevention at the core of public health and integrating prevention into public education.

2

Create a robust Chemicals Strategy to protect the public against harmful exposure and align UK Registration, Evaluation, Authorisation and Restriction of Chemicals (UK REACH) legislation with EU REACH.

3

Review current healthy eating policies to consider the rising food inequalities and societal barriers to a healthy diet through collaboration with businesses and nutritional organisations.

4

Further develop the "Get Active" sports strategy to address the causes of inactivity and promote active local communities.

5

Develop and implement a new National Alcohol Strategy to effectively reduce alcohol consumption amongst the public.

6

Return to developing and publishing an extensive standalone Cancer Strategy that tackles all aspects of the disease, including prevention, head-on.

WHY PREVENTION?

The idea of putting 'prevention' at the core of a healthcare strategy is not new or revolutionary. It has been an aim of governments for at least the last 25 years [3,4].

But, implementing such a fundamental change in how UK healthcare operates will require far-reaching and long-term reforms, coupled with determination and courage from policymakers.

Many stakeholders will be involved in this process, and we want to be amongst them, but the drive must come from the Government, along with the resources to make fundamental change.

MAKING IT HAPPEN

At Breast Cancer UK, we pride ourselves on being a prevention-focused charity. While there is no set formula for predicting whether breast cancer will develop, our knowledge of the potential impact of modifiable risk factors on cancer development is sufficient to warrant a population-wide approach to active cancer risk reduction. We know this has the potential to reduce preventable incidences of breast cancer.

Join us in advocating for proactive prevention policies and interventions to be placed at the core of the UK health system. Let's prioritise policies that put people's wellbeing first to reduce breast cancer risk across the UK.

ECONOMIC BASIS FOR PREVENTION

In addition to the health implications of a cancer diagnosis, there are also economic implications for the UK. A 2024 report by Breast Cancer Now (BCN) and Demos estimated that breast cancer will cost the UK economy between £2.6 – 2.8 billion in 2024 [5].

Without action, this figure could rise to a substantial £3.6 billion by 2034 [5]. This estimated financial burden of breast cancer considers multiple factors, such as the costs of treatments, the need for carers and the loss in productivity if a person is unable to work or is working less.

By implementing more substantial prevention policies, we could effectively reduce the economic burden of breast cancer and reduce its impact on the NHS.

BCN reports that the NHS spends an estimated £11,061 per patient for 15 months of treatment based on hospital-based care, therefore totalling £727 million in 2024 [5].

If the UK Government works collaboratively with stakeholders, and endeavours to meet our goal of preventing 17,000 cases in the UK per year, it could save a total of £188 million. This is essentially just over 25% of the current £727 million NHS spending on treatment in 2024.

If we expand this estimate to the broader general cost of between £2.6 and 2.8 billion, reducing breast cancer cases in the UK by 30% could save a total of £780 to £840 million on economic burden, using the BCN estimates.

This makes preventing breast cancer more cost-effective than treating it.

WHAT IS THE TASK?

Education and empowerment are key to putting prevention at the core of healthcare. Regulation will play a part, and we set out our specific recommendations for these later in this manifesto. However, we agree with Professor Michael Marmot's theory (a specialist in social determinants of health) that "tackling disempowerment is crucial for improving health" [6].

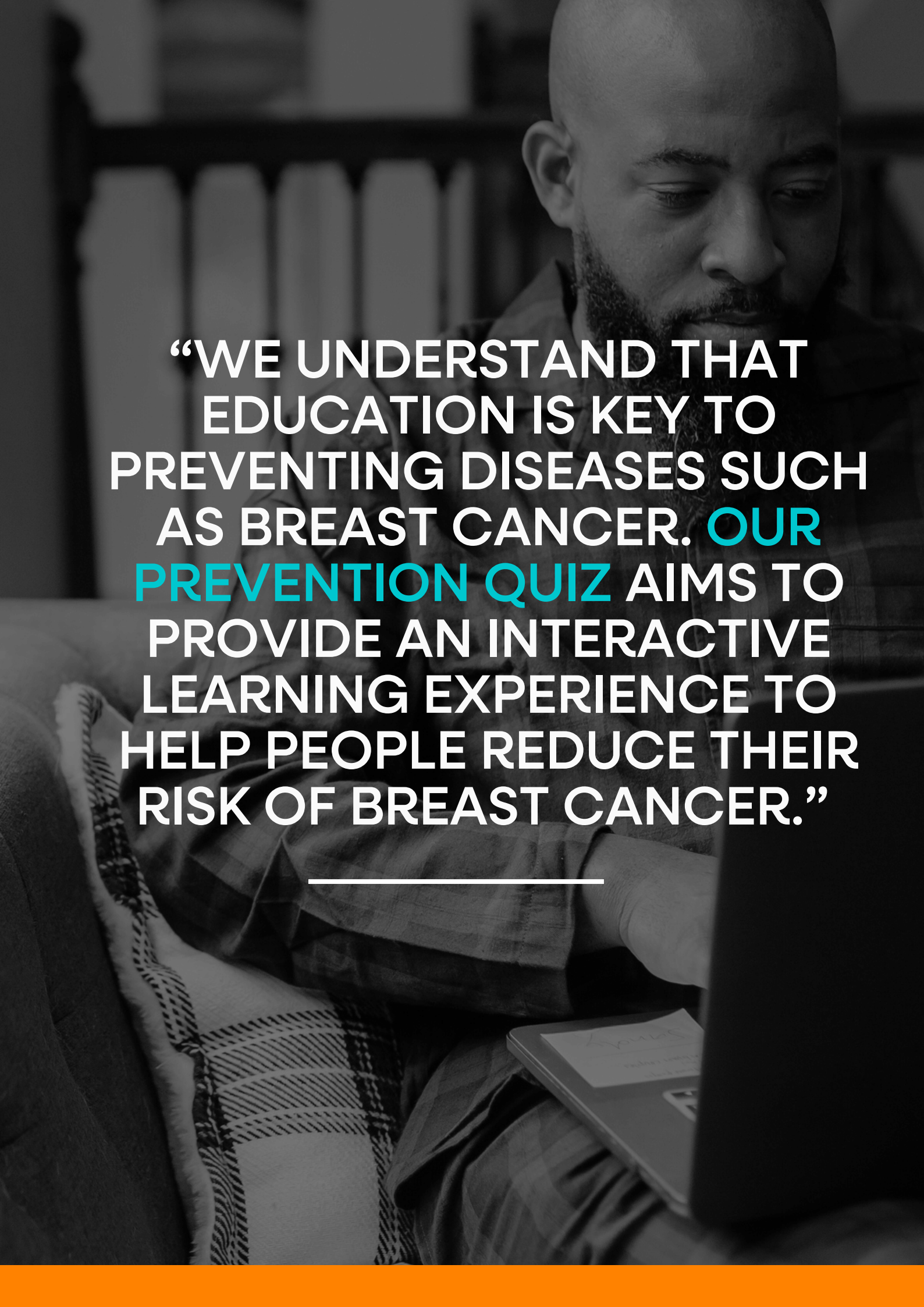
There is a lack of knowledge of breast cancer risk factors across the UK. This issue was identified in the 2022 Women's Health Strategy, which found that greater education is needed on "the risk factors for female cancers across the life course" [7].

Yet, improving health through education is not a new concept. We now have a better understanding of the benefits of combining healthy lifestyle messages with learning, as seen with measures aimed specifically at childhood obesity [8].

However, our health system remains almost entirely focused on fixing people when they get sick rather than preventing them from becoming ill. This was emphasised by a former governmental minister who recently stated that 99% of total NHS spending is used for disease treatment, not prevention [9,10].

Fundamentally, if we are to reduce preventable breast cancer cases, we need to change not only that spending statistic but our entire approach to cancer prevention.

Here, we set out our vision for doing that.

A black and white photograph of a man with a beard, looking down at a tablet device he is holding. The background is slightly blurred, showing what appears to be a wooden chair or railing. The overall tone is serious and focused.

“WE UNDERSTAND THAT EDUCATION IS KEY TO PREVENTING DISEASES SUCH AS BREAST CANCER. **OUR PREVENTION QUIZ AIMS TO PROVIDE AN INTERACTIVE LEARNING EXPERIENCE TO HELP PEOPLE REDUCE THEIR RISK OF BREAST CANCER.”**

THE CASE AGAINST ENDOCRINE DISRUPTING CHEMICALS

Our focus on the role of chemicals in breast cancer development sets us apart from most other UK cancer organisations.

It is widely understood that some chemicals, known as carcinogens, are harmful and can damage our DNA, potentially leading to cancer development [11]. Additionally, a group of chemicals known as Endocrine Disrupting Chemicals (EDCs) can interfere with our hormones.

Some EDCs can mimic the actions of the sex hormone oestrogen, replicating high levels of oestrogen exposure and increasing breast cancer risk. This suggests a possible link between EDC exposure and breast cancer risk [12].

EDCs are found in many everyday consumer and non-essential products, such as cosmetics, kitchenware, plastic bottles, food packaging lining, furniture, electronics, toys, and waterproof clothing. They can be found in the home and the workplace and are present in air, soil, dust, and water. They can enter our bodies through eating, drinking, breathing and absorption through our skin.

Unfortunately, it is believed that virtually everyone is exposed to EDCs. Studies have found EDCs in tissue samples and body fluids, including blood, urine, and breast milk [13]. Even though our bodies quickly eliminate some EDCs, the abundant presence of them in our everyday lives means we are chronically exposed.

Some EDCs, such as a group of 'forever chemicals' called PFAS (Per and polyfluoroalkyl substances), do not naturally break down in the environment or in our bodies [14]. This can lead to chemical accumulation in the human body, promoting adverse health effects.

Evidence from some studies indicate that PFAS may influence breast cancer risk by disrupting sex hormones and causing cell stress, thus promoting cancer development [15,16]. Initial population studies demonstrate that women with a higher concentration of PFAS in their blood have an increased risk of breast cancer [17,18].

Some of these studies used small sample sizes, and more overall evidence is needed to further define the link between EDCs and breast cancer. Bridging this knowledge gap drives our scientific research grant programme.

At Breast Cancer UK, we believe there is clearly enough evidence to justify a precautionary approach towards EDCs.

Current chemical regulation does not focus on groups of chemicals. Instead, it employs a laborious system of reviewing each chemical individually, which is problematic for several reasons. In the example of PFAS, the group is composed of over 9000 synthetic chemicals and regulating each individual PFAS would be impossible [19].

The singular approach does not reflect the reality that we are exposed to mixtures rather than individual chemicals. Banning singular chemicals also fails to stop manufacturers from using alternatives similar to the original chemical. For instance, following the restriction of BPA use in till receipts, manufacturers have substituted structurally similar Bisphenol S (BPS), which may exert the same harmful effects as BPA [20]. As of 2024, BPS is still not restricted by the UK or the EU [21].

LIFE STAGES AND EDCS

While exposure to EDCs is universal across populations, exposure during key life stages is of significant concern in terms of vulnerability to health harms and breast cancer risk. There are several critical windows of exposure, including the unborn baby (in the womb), infancy and childhood, puberty, pregnancy, and menopause.

These stages represent times at which we may be particularly susceptible to EDCs and when it may also lead to increased breast cancer risk. The critical stages of the unborn baby in the womb, puberty, and pregnancy are particularly prominent in terms of breast cancer risk as they are associated with alterations to breast tissue [22]. This is because EDCs can cross the placenta, as well as act on any areas where oestrogen would normally have an effect such as in the developing breast [23].


We have a real-world example of the effects of EDCs on critical life stages. The synthetic oestrogen diethylstilbestrol (DES) was utilised as an anti-miscarriage drug up until the 1970s. However, the drug has since been recognised and classified as an EDC. Daughters of mothers who were prescribed DES have been found to have an increased risk of developing several cancers, including breast cancer [24].

WHAT MUST BE DONE TO TACKLE EDCS?

All this evidence highlights why the health impacts of exposure to EDCs must be spoken about more widely and specifically about breast cancer risk. We want to see recognition in policy terms of all the critical windows of exposure and vulnerability we experience throughout our lives.

So far, regulation has focused on the toxicity of individual chemicals, neglecting the combined effect of EDC groups, sources, and mixtures [25]. This leaves the UK public vulnerable to harmful exposures throughout their everyday lives.

To protect the health of the UK public, the Government must prioritise publishing a robust Chemicals Strategy. The strategy should use a precautionary principle, which includes phasing out and removing EDCs from non-essential-use products.



**“TO PROTECT THE HEALTH
OF THE UK PUBLIC, THE
GOVERNMENT MUST
PRIORITISE PUBLISHING A
ROBUST CHEMICALS
STRATEGY.”**

WHY WE NEED THE CHEMICALS STRATEGY

THE CURRENT SITUATION

For context, when the United Kingdom left the European Union, we, in turn, left EU REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals). This was the established framework for “protecting human health and the environment from the risks that can be posed by chemicals” [32]. A replacement was created in the form of UK REACH.

However, the UK is now falling behind EU standards, leaving us less protected and reducing clarity for individuals and industry. This is particularly concerning since the EU REACH framework is recognised as the ‘gold standard’ for chemical regulation by the UK Government, yet they have failed to replicate their work [33].

In 2021, the neglect of UK regulation was highlighted by the Government’s decision to adopt only two of the twelve new regulations the European Commission was due to adopt as part of EU REACH [34]. To this day, the UK has yet to adopt a single new ban or restriction on a harmful substance. The gap with the EU will become a chasm over the coming years if the EU’s Restrictions Roadmap is fully implemented, aiming to reduce unacceptable chemical risks [35].

We advocate for the UK to work in alignment with or exceed EU chemical protection standards. We also advocate for evidence-based legislation prioritising long-term outcomes for the public. This is why the UK’s Chemicals Strategy is needed.

OUR ASK

The Chemicals Strategy, a framework for regulating chemicals in the UK today and in the future, was promised in 2018 and set to be released in 2022, but has now been pushed back to 2024 [26].

Breast Cancer UK contributed to the ‘12 Key Asks’ developed by a group of non-governmental organisations in anticipation of the publication of the UK Chemicals Strategy [27].

We believe that having a Chemicals Strategy incorporating the ‘12 Key Asks’ is essential to underpin robust monitoring and regulation of chemicals in the UK.

The chemicals industry also wants to see a Chemicals Strategy, as not having one creates uncertainty, which no industry wants [28]. Overall, everyone is being let down without a strong Chemicals Strategy.

WHAT ARE THE 12 KEY ASKS OF THE CHEMICALS STRATEGY?

The 12 Key Asks of the NGO Hazardous Chemicals Group provide the basis for a robust and effective Chemicals Strategy, and we [recommend that they be adopted fully](#).

Breast Cancer UK’s five Key Asks below are drawn from the ‘12 Key Asks’ and provide a policy framework for reducing the potential health harms and breast cancer risks relating to chemical exposure.

1: APPLY THE PRECAUTIONARY PRINCIPLE.

The precautionary principle “enables decision-makers to adopt precautionary measures when scientific evidence about an environmental or human health hazard is uncertain, and the stakes are high” [29]. This is a recognised approach in policymaking, especially in health. When applied to harmful chemicals, the precautionary approach is the sensible and responsible way to design regulations.

2: ADDRESS EDCS, INCLUDING COMMITTING TO A TIMELINE TO PHASE THEM OUT.

EDCs may be linked to breast cancer by the effects they have on the endocrine system that manages hormones in your body [30]. EDCs refer to thousands of chemicals, and some mimic the natural hormone oestrogen. High levels of oestrogen in the body increase breast cancer risk [31]. Across Europe, there is a movement towards removing EDCs entirely from manufacturing. Given the potential links between breast cancer risk and exposure to EDCs and the case for adopting the precautionary principle, we want to see a robust plan for phasing them out in consumer and non-essential products.

3: ADDRESS THE COMBINED EXPOSURE TO CHEMICALS – THE ‘COCKTAIL EFFECT’.

Measuring the exposure to each harmful chemical is extremely difficult as chemicals can act in different ways in a person’s body. People can accumulate a unique ‘cocktail’ of harmful chemicals in their lifetime. Exposure to multiple EDCs at once can result in an accumulation and amplification of their harmful effects [25]. This makes regulation focused on establishing ‘safe’ or ‘tolerable’ exposure to individual EDCs ineffective, as it fails to consider the overall ‘cocktail’ effect when chemicals are combined within the body.

Instead, policy should reflect that overall exposure to EDCs can be harmful even at minimal levels. The Government must focus on prioritising EDCs in consumer and non-essential products as there may not be any safe levels of exposure. It is the only way to ensure that the public is protected from EDC exposure and future harm.

4: DEVELOP AN EFFECTIVE MONITORING AND ALERT SYSTEM.

Divergence from the EU REACH chemical regulatory framework to a UK model (UK REACH) has left the UK with a weakened system for monitoring harmful chemicals. This lowers the level of protection provided to the public, potentially increasing the health risks each individual faces. We want a robust monitoring system that utilises all available data and information. The UK REACH system, adopted after Brexit, fails to do this.

5: REMAIN ALIGNED WITH THE WORLD-LEADING CHEMICAL REGULATION EU REACH.

For the reasons stated above, EU REACH provides the simplest way of ensuring that the public is kept safe from exposure to harmful chemicals and their potential to increase breast cancer risk. EU REACH is a highly respected and world-leading framework. Rather than try to reinvent this, with far fewer resources, we should align ourselves to EU REACH, reverse the divergence that has happened so far and continue to work collaboratively. We want to proactively enhance EU REACH’s understanding of EDCs and develop their regulation standards further.

CLARITY FOR CAMPAIGNERS, CONSUMERS AND BUSINESS

In its 2023 Environmental Improvement Plan, the previous Government aimed to “tackle chemical pollution at source through regulatory action, including banning or restricting the most harmful chemicals.” [36].

The language used allows for a subjective approach, as no stated definition of ‘harmful chemicals’ exists. To remain open and accountable, the Government needs to publish a comprehensive Chemicals Strategy.


A STRATEGY ACROSS GOVERNMENT

There is a need to improve how government departments work together. Key to our aims is a much stronger working relationship between the Department for Environment, Food & Rural Affairs (Defra), the Department of Health and Social Care (DHSC) and the Health and Safety Executive (HSE).

The Chemicals Strategy is an opportunity to show how progress has been made in this area. If the Strategy sits alone, as a document only looking at the remit of Defra, it will immediately lose a large part of its potential impact. Regulating chemicals that impact human health without a clear link to the Government’s ongoing health strategies would be a wasted opportunity.

To further combat this, we would like to see a ministerial role created, working across Defra and DHSC, focusing on our environment's impact on human health.

To take the comprehensive, prevention-led approach to health that we believe is crucial, there needs to be more cooperation between departments and an identified individual responsible for aligning strategies.



“REGULATING CHEMICALS
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OPPORTUNITY.**”

THE CASE FOR A HEALTHY LIFESTYLE

Our five Key Asks for a healthier population address the breast cancer lifestyle risk factors that can be influenced through supporting the public to make positive lifestyle choices and implementing effective legislative approaches.

The UK Government must act to:

1

Improve our diets – by addressing UK diets, the impact of rising food inequalities and revising current policy to include cultural relationships with food and evidence from nutritional organisations.

2

Support the UK public to be more active – by promoting physical activity across local communities in the UK. This should be done by supporting communities to provide accessible, affordable, and reliable facilities amongst different social groups and adhering to the “Get Active” sports strategy.

3

Reduce the amount of alcohol consumed – by developing a new Alcohol Strategy that effectively reduces long-term UK alcohol consumption and supports national change in drinking behaviour.

4

Promote and improve breastfeeding support – by drawing on evidence and best practices to improve breastfeeding rates in the UK.

5

Legislate cancer as an independent disease – by scrapping the Major Conditions Strategy and returning to the development of a standalone Cancer Strategy that includes a long-term scope to measure the impacts of its detection, treatment, and preventative methods.

BREAST CANCER AND A HEALTHY DIET

OUR ASK

Ministers must work in partnership with communities to identify and overcome barriers that prevent access to nutritious food. The Government's response must consider rising food inequalities influenced by factors such as the cost-of-living crisis, changes to food availability and socio-cultural influences on food.

We urgently call on the Government to support the public in making informed and accessible food choices by adopting and following evidence-based solutions, such as insight provided by the Food Strategy and the Food Foundation.

THE IMPORTANCE OF A HEALTHY DIET

Maintaining a healthy diet means eating different types of fruit, vegetables, healthy fats, whole grains, and various protein sources [37]. Eating a varied and balanced diet can have a significant impact on helping to reduce the risk of breast cancer.

For example, increasing intake of fruits and vegetables from 2.5 servings per day to 5.5 servings can decrease breast cancer risk by 11% [38]. A diet high in fibre, such as vegetables, legumes, nuts, and seeds, is also associated with reduced breast cancer risk. One review identified a reduction in breast cancer risk of 7-15% [39].

A nutrient-rich diet also supports overall wellbeing and healthy weight management, an essential factor in breast cancer risk during the life course. One UK study identified that postmenopausal women who are obese had a 30% increased risk of breast cancer compared to those of a healthy weight [40].

Accessing a healthy diet has become increasingly challenging, with sharp rises in food prices proving particularly inhibiting for many UK households. Food prices rose by 25% between 2022 and 2024 alone [41]. Increased costs can amplify food insecurity and remove our ability to choose our diets, with lower-income households the most affected [42].

Analysis by the Food Foundation found that the poorest 10% of households in England would need to spend nearly half (43%) of their disposable income to meet guidelines for a healthy diet alone, compared to only 10% of income for the wealthiest [42]. This makes the concept of eating healthily entirely unaffordable for many.

We recognise that our environment heavily influences human behaviour. Aggressive marketing of snacks near check-outs and discount deals such as 'buy one get one free' have encouraged the public to invest in unhealthy, ultra-processed, non-nutritious and calorific-dense foods.

Public Health England identified that multi-buy offers increase the quantity of sugary food that households purchase by 22% [43]. Governmental figures also show that only 32.5% of UK adults consume five portions of fruit and vegetables a day [44].

This is a behaviour we want to change.

We call on the UK Government to recognise current social and economic barriers to healthy food. We want new policies and education programmes to promote healthy diets, food availability and affordability.

The public needs support in making informed and accessible choices to benefit their nutrition, improving their overall health, and lowering their breast cancer risk.

CHANGING HOW WE THINK ABOUT FOOD

As of January 2024, the primary dietary tool used by the UK Government is the “Eatwell Guide” [45]. Introduced in 2016 as an update to the 1994 “The Balance of Good Food” guide, the Eatwell Guide summarises primary food groups and recommended portions for a healthy diet.

However, the guide has undergone only minor revisions in the past 30 years [46]. It fails to account for the impact of contemporary influences on UK diets, such as media, lifestyle, and social and cultural factors, which the Government itself mapped in 2007 [47].

At a minimum, the Eatwell Guide must be updated to reflect contemporary influences on UK diets. Moreover, we need a new evidence-based strategy that extends beyond the Eatwell Guide, embodying our diverse relationships with food and reflecting the cultures prevalent in modern UK.

The independent ‘National Food Strategy’ published by the former lead non-executive board member of Defra, Henry Dimbleby, is a good example of a foundation strategy designed for the Government to work with. It highlights key recommendations for a healthy diet, such as reducing diet-related inequality by extending free school meals and trialling a “Community Eatwell” programme [48].

Proposals were supported by companies across the UK, with CEOs of major supermarkets Co-op and Waitrose agreeing to supplement food vouchers with additional fruit and vegetables [49]. This demonstrates consideration of nutrition policy in alignment with broader socio-economic factors.

The UK needs a concerted effort for evidence-based policy on healthy eating to promote better eating habits across communities and help reduce breast cancer risk.

We urge the Government to develop fit-for-purpose food and nutrition policies that are informed by the above-mentioned strategies and further evidence, and are designed in collaboration with nutrition-focused organisations.

The Government must work with local communities and authorities to incorporate the public’s opinions and priorities regarding food access and availability.

A grayscale photograph of a person eating a meal. The person's hands are visible, holding a fork and knife over a plate of food. There are several plates and a glass on the table. The background is slightly blurred, focusing on the person's hands and the food. The text is overlaid on the image in white and cyan colors.

**“WE NEED A NEW EVIDENCE-
BASED STRATEGY THAT
EXTENDS BEYOND THE
EATWELL GUIDE,
EMBODYING OUR DIVERSE
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MODERN UK.”**

BREAST CANCER AND PHYSICAL ACTIVITY

OUR ASK

We call on the Government to work with the latest evidence to promote and increase physical activity in the UK population. The Government must invest in developing and implementing the “Get Active” sports strategy, ensuring that the causes of inactivity are addressed through promoting active communities, providing diverse facilities, and tackling disparities in physical participation across different social groups [50].

THE IMPORTANCE OF PHYSICAL ACTIVITY


Physical activity can effectively lower breast cancer risk by around 20%; the higher the intensity, the greater the risk reduction [51–53]. Research by Dr James Turner, an expert in physical activity and its impact on the immune system, suggests that leading a physically active lifestyle limits inflammation and helps maintain the normal functioning of the immune system [54]. Dr Turner proposes that physical activity can potentially help immune cells detect and remove cancer cells at their earliest stage [55].

Consistent physical activity combined with a healthy diet can also prevent weight gain. Research by Prof Gareth Evans, a professor of cancer epidemiology at the University of Manchester, supports exercising to maintain a healthy weight and reduce breast cancer risk. His research demonstrates that weight gain during the life course may increase breast cancer risk in postmenopausal women, and maintaining a stable weight throughout adulthood can be protective against breast cancer [56].

NHS guidelines recommend that all adults aged 19 to 64 complete 150 minutes of moderate or 75 minutes of vigorous-intensity activity per week [57]. However, according to the Health Survey for England in 2021, 20% of adults aged 16 and over were found to be physically inactive compared to these guidelines, with rates of inactivity highest in the most deprived areas surveyed [58]. A review identified that the most common barriers to exercise were time restrictions, fatigue, financial restrictions, health conditions, and a shortage of facilities [59].

There is a clear need to support the public to become more active through affordable, local, and practical strategies. The non-departmental government body Sport England estimates that every £1 spent on sports and physical activity generates nearly £4 in return for health and well-being [60].

The UK Government must actively address these factors contributing to physical inactivity, both in the “Get Active” sports strategy and future policy development.



“THERE IS A CLEAR NEED TO
SUPPORT THE PUBLIC TO
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THROUGH AFFORDABLE,
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STRATEGIES.”

BREAST CANCER AND ALCOHOL

OUR ASK

The UK has not had a National Alcohol Strategy since 2012 [61]. This means that current policy is outdated and no longer reflects changes in how advertising works, how alcohol is bought and consumed, and society's attitude towards alcohol.

A new strategy is needed to combine the latest and most credible data and analysis. The Government must set out a long-term plan to reduce alcohol consumption amongst the population.

THE IMPORTANCE OF REDUCING ALCOHOL

Drinking alcohol increases the risk of breast cancer in women, and heavy drinking increases the risk in men. The more alcohol a woman consumes, the greater the risk, with no lower threshold.

Female breast cancer risk increases with total alcohol intake [62]. Risk is estimated to increase by around 11.1% for every 10g of alcohol per day consumed for postmenopausal women (10g is equivalent to 1.25 units or one 110ml glass of wine) [63]. In the UK, around 8% of female breast cancers are linked to alcohol consumption [64]. This amounts to around 4,400 cases each year [2].

Alcohol is a well-understood risk factor for breast cancer. Alcohol is metabolised into acetaldehyde, a compound associated with cancer development. This occurs primarily in the liver but also in breast tissue [65]. Alcohol can also increase the levels of circulating hormones, including oestrogen, which increases breast cancer risk [64].

The previous UK Government even accredited alcohol as one of the modifiable risk factors that contribute most to the burden of ill health and early death in its own Major Conditions Strategy [66].

Put simply, there is no healthy level of alcohol consumption and we need a commitment to alcohol harm reduction.

Worryingly recent evidence shows that drinking at dangerous levels among women is increasing. The Independent reported, "The latest data reveals that the number of women who lost their lives [due to drinking-related illness] in the UK increased by 37% in five years – surging from 2,399 to 3,293 between 2016 and 2021 and marking the highest level since records began" [67].

There are a variety of factors that may affect a person's alcohol intake, and these will be different for each individual. This makes producing policies that work across all sectors of society difficult. As a minimum, we believe that everyone who wishes to lower their alcohol intake should be supported to do so, and there should be readily available, easy-to-access information and help.

Although resources are available from Breast Cancer UK and others, the lack of a National Alcohol Strategy is hampering efforts to help individuals lower their alcohol intake.

Breast Cancer UK's Prevention Hub is an example of how information like this can be brought together, alongside other relevant information, to educate people and allow them to make informed decisions on their health [68].

We also know legislation can be reformed effectively, thanks to an example set by the Canadian Government. Canada's Guidance on Alcohol and Health, introduced in 2023, demonstrates legislative reform that offers public-based opinions on moderating alcohol consumption. It includes strategies like weekly drink reduction targets and suggesting non-alcoholic alternatives [69]. The UK Government should draw inspiration from this example, prioritising similar reform to the UK regulation of alcohol consumption to protect public health.

We recognise the work of the Alcohol Health Alliance and previous All-Party Parliamentary Groups focused on UK alcohol-related harm, who have campaigned and advocated for the Government to implement a new National Alcohol Strategy [70,71]. We agree that this is needed and would be the most effective way to help lower alcohol intake across society and, in turn, lower breast cancer risk.



**“THE LACK OF A NATIONAL
ALCOHOL STRATEGY IS
HAMPERING EFFORTS TO
HELP INDIVIDUALS LOWER
THEIR ALCOHOL INTAKE.”**

BREAST CANCER AND BREASTFEEDING

OUR ASK

The Government must consider the evidence and take active steps to prioritise the promotion of breastfeeding to new mothers to improve rates of breastfeeding in the UK.

THE IMPORTANCE OF BREASTFEEDING

Evidence shows that breastfeeding is protective against breast cancer. The overall risk of breast cancer is decreased by 4.3% for every year of breastfeeding a new child. This is independent of factors such as nationality, age, or ethnicity [72]. Breastfeeding for more than one year can result in even greater risk reductions in specific breast cancers, such as triple-negative breast cancer (20%) and individuals with BRCA1 mutations (22-55%) [73].

The NHS and the World Health Organisation recommend exclusively breastfeeding for the first six months of a baby's life [74]. Yet, the rate of breastfeeding in the UK remains low compared to other countries. Only 72.7% of babies in England have breastmilk as their first feed [75]. These rates are even lower in Scotland and Northern Ireland and in younger mothers and those in deprived areas [76-78].

The reasons for the UK's low breastfeeding uptake are complex and multifactorial. Barriers to breastfeeding range from difficulty with latching and milk production to limited support or role modelling from older generations [79]. Other barriers are more systemic, with UK laws falling short of requiring appropriate workplace provisions for expressing milk and breastfeeding [80]. The Government must take active steps to prioritise the promotion of breastfeeding in new mothers.



**“THE GOVERNMENT MUST
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A STANDALONE CANCER STRATEGY

OUR ASK

Before the Major Conditions Strategy was announced, the previous government was committed to a standalone cancer plan [81]. Every two minutes, someone in the UK is diagnosed with cancer [82]. A comprehensive Cancer Strategy is needed to tackle this disease head-on, with prevention at its core.

We call on the Government to return to the original plan and work on a standalone Cancer Strategy.

WHY WE NEED A CANCER STRATEGY

Cancer is a complex and developing area of research and policy. With over 200 types of cancers now recognised, even talking about it in a single area of policy can be difficult [83]. This makes the previous Government's decision, criticised by experts and organisations in the sector, to move away from its original plan to publish a Cancer Strategy in favour of the Major Conditions Strategy, particularly disappointing [66,84].

Breast Cancer UK contributed to the government's consultation on the Major Conditions Strategy and the original consultation on the proposed cancer plan. We highlighted that we do not believe a strategy covering six conditions can contain the nuance needed to properly deal with a set of conditions as complex as cancer. We are not content that merely changing the focus or balance of the Major Conditions Strategy will solve this.

As a prevention-focused charity, we believe that lowering breast cancer risk should be a process that begins long before we would expect to see breast cancer in an individual. The Major Conditions Strategy is intended to have a 5-year scope, far too short to see real impacts from preventative measures. The stated aim to "create a healthy society" sounds promising but is not backed up in the strategy by the long-term tactics needed to make the societal changes that would make it possible [85].

It is not a given that a standalone Cancer Strategy would do this either. However, focusing on a singular condition within a dedicated strategy will allow policymakers to focus on the specifics of cancer, including risk factors such as chemical exposure, poor diet, obesity, and others, which need to be better understood. A strategy covering six major health conditions at once, such as the Major Conditions Strategy, is likely to be too limited to address these critical considerations.

While a fit-for-purpose strategy will require input from a wide range of stakeholders, it should be spearheaded by the Government with the explicit aim of adopting long-term commitments. The plan should not only address how we treat cancer and improve patient outcomes, but it should also place prevention interventions at the core of healthcare. It needs to incorporate regulatory approaches, prevention education, and incentives for both the public and our health professionals.

A woman wearing a light-colored hijab and a textured, greyish-brown sweater is shown from the chest up. She is looking off to the right with a thoughtful expression. Her hands are clasped in front of her. The background is a blurred indoor setting with a framed picture on the wall. The overall image has a dark, muted color palette.

“THE MAJOR CONDITIONS STRATEGY IS INTENDED TO HAVE A 5-YEAR SCOPE, FAR TOO SHORT TO SEE REAL IMPACTS FROM PREVENTATIVE MEASURES.”

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OUR APPROACH TO GENDER-NEUTRAL LANGUAGE

Breast Cancer UK aims to use, where possible, gender-neutral language. However, when the data is derived from a gender-specific subset (e.g. “women”), we acknowledge the gender-specific categorisation used in the data set. This ensures that conclusions drawn from published research are as accurate as possible.



**breast
cancer
uk.**

www.breastcanceruk.org.uk

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