International Agency for Research on Cancer

World Health Organization

Co-funded by the European Union

ECAC5 has received funding from the EU4Health Programme under grant agreement #101075240

Revision and update of the European Code against Cancer, 5th edition (ECAC5)

Grant Agreement Number: 101075240
Start date: 1st July 2022
Duration: 48 Months

Deliverable N°D3.3
ECAC5 Dissemination Report
01/10/2025

Executive Summary

The European Code Against Cancer (ECAC) is an initiative of the European Commission to inform people about key actions they can take for themselves or their families to reduce their risk of cancer. First published in 1987, the International Agency for Research on Cancer (IARC/WHO) – the cancer agency of the World Health Organization – has the responsibility to update the current edition of the ECAC to what will be the 5th edition (ECAC5).

ECAC5 is a 4-year project funded by the European Commission under the EU4Health programme, which aims to revise, update, and publish the 5th edition of ECAC by 2025. ECAC5 forms a key part of the development of the World Code Against Cancer Framework, for which a series of Regional Codes Against Cancer will be developed corresponding to the epidemiological, socioeconomic and cultural factors specific to each global region.

This dissemination report outlines strategic guidance for promoters of ECAC5 to help ensure the effectiveness of dissemination efforts towards the public, healthcare professionals, policy-makers, and wider stakeholders. In addition to general guidance to understand and translate ECAC5 and the additional outputs produced by the ECAC5 project, various dissemination activities, advice and recommendations are included to support promoters in their task of disseminating ECAC5.

By fostering collaborative dissemination through partnerships with civil society, EU institutions, and international organisations, ECAC5 can catalyse actions towards reducing the burden of preventable cancers and support the objectives of Europe's Beating Cancer Plan.

Core Messages for the dissemination of ECAC5

The dissemination of the European Code Against Cancer, 5th edition (ECAC5) is led by key stakeholders drawing on their local knowledge and expertise. To ensure consistent and coherent communication across countries and audiences, six core messages have been developed by experts engaged in the development of ECAC5. These messages will help stakeholders reach both individuals and policy-makers more effectively.

1. **ECAC5 is backed by the latest scientific evidence reviewed by leading European scientists**

The ECAC5 recommendations for individuals were developed by more than **60 European experts** on cancer, epidemiology, health promotion, behavioural change and communication. These experts reviewed the latest scientific literature, including producing targeted systematic reviews and meta-analysis when needed, and assessed the most relevant existing international policies that may support each of the recommendations for the public. Recommendations for individuals were **evaluated in a large-scale EU study** to identify the most effective communication formats for improving public recall of cancer risk factors. A Scientific Committee, representing major national cancer institutes and governmental agencies from 11 European Union (EU) Member States, assessed and approved the recommendations, ensuring that they reflect the latest evidence and are supported by policies relevant to the socio-economic and health systems' context of EU Member States.

2. **ECAC5 addresses key cancer risks and preventive interventions in the EU**

The recommendations target the **major modifiable risk factors for cancer in the EU**, including tobacco use, overweight and obesity, alcohol consumption, and air pollution. ECAC5 also promotes effective preventive interventions, such as vaccination and test and treat against cancer-related infections, and participation in organized cancer screening programmes. Disseminating these recommendations helps raise public awareness about cancer risk factors and effective preventive interventions.

3. **ECAC5 empowers individuals through evidence-based cancer prevention recommendations**

ECAC5 provides 14 recommendations that offer clear and actionable steps to **help prevent cancer and mitigate its consequences.** Grounded in the latest available scientific evidence and designed for the general population in the EU, these recommendations are accessible, feasible and easy to understand. ECAC5 supports **inclusivity and equity** by making cancer prevention achievable for everyone, regardless of socio-economic or cultural backgrounds.

4. **ECAC5 encourages the implementation of effective policies to enable environments where everyone can make informed, healthy choices**

Cancer prevention requires more than individual action. That's why ECAC5 includes **recommendations for policy-makers on population-level measures** that may enable the adoption of individual actions. The recommendations for policy-makers call for the implementation or enactment of policies that address social, environmental, economic and structural barriers to healthier behaviours and uptake of preventive interventions. Governments, institutions and employers are encouraged to implement these policies to support individuals to adopt the ECAC5 recommendations.

5. **ECAC5 aligns with broader public health goals**

Beyond cancer prevention, ECAC5 contributes to the prevention of other **non-communicable diseases (NCDs)**, such as cardiovascular diseases, diabetes and respiratory conditions, which share similar underlying risk factors with cancer. Implementing the recommendations creates co-benefits for overall public health in the EU by improving population health and reducing the burden of NCDs. Collectively, these recommendations provide a path to lower cancer risk, address misconceptions about cancer prevention and other NCDs, and enhance public health and wellbeing.

6. **ECAC5 promotes a collaborative approach to dissemination and communication**

The successful dissemination of ECAC5 relies on collaboration among a diverse array of stakeholders, including governments, healthcare providers, civil society, European and international organisations. This **multi-stakeholder approach** ensures broad and effective dissemination of the recommendations. Continuous monitoring and evaluation of ECAC5 are essential to assess the impact and ensure its long-term effectiveness.

1. Background

1.1 Introduction to the ECAC5 project

The **European Code Against Cancer (ECAC)** is an initiative of the European Commission (EC) that provides a comprehensive synthesis of the current available evidence on cancer prevention and aims to communicate this knowledge in an understandable way to the general public in the European Union (EU).

The International Agency for Research on Cancer (IARC/WHO) was mandated by the EC to produce the 4th edition of the ECAC (ECAC4). ECAC4 introduced the objective to formulate the recommendations in clear, straightforward, and actionable language that can be understood by the general public without requiring any specialist skills, knowledge, or training. Europe's Beating Cancer Plan revalidated IARC's mandate to update the ECAC to launch the 5th edition (ECAC5) by end of 2025. The ECAC5 project began officially in July 2022.

The ECAC forms part of the World Code Against Cancer Framework, which was launched by IARC in 2022 to develop or update a set of Regional Codes Against Cancer. The ECAC5 project was implemented under this Framework, which proposes a consistent structure and methodology applicable to each Regional Code Against Cancer.

Regional Codes are developed sequentially taking account of the cancer burden situation and health system context for each region of the world. The development of the Regional Codes progresses along several phases: preparation; development; and dissemination, monitoring and evaluation.

The methodology of the World Code Against Cancer Framework includes guidance to develop recommendations for the public and a complementary set of recommendations aimed at policy-makers. These recommendations describe the international policies that can foster enabling environments for individuals to adopt the recommendations on cancer prevention.

The addition of recommendations to policy-makers comes from the explicit demand of stakeholders reflected in the EU Innovative Partnership for Action Against Cancer (iPAAC) Joint Action. Recommendations to policy-makers in ECAC5, therefore, should be consistently aligned with the recommendations to the individual.

The overall objective of the project was to develop it taking into account the latest scientific developments to revise and update the evidence guided by the methodology established for the World Code Against Cancer Framework.

ECAC5 has three levels of information, which constitute the main outputs of this initiative:

- **Level of information or Output 1 (ECAC5)** - updated cancer prevention recommendations addressed to all individuals in the general population of the EU (i.e., the first page of ECAC5), supported by complementary recommendations aimed at policy-makers (i.e.,

from page 2 onwards of ECAC5), which describe the well-established international polices that can enable individuals to adopt the ECAC5 recommendations;

- **Level of information or Output 2 (knowledge translation outputs – factsheets & policy briefs)** - for each ECAC5 recommendation, a dedicated factsheet (targeted at a general audience wishing to learn more about the recommendations) and policy brief (targeted to policy and/or decision-makers) is produced. These outputs provide concise but detailed snapshot of the evidence and key actions that can be taken to adopt the ECAC5 recommendations;
- **Level of information or Output 3 (scientific justification and evidence base)** - manuscripts for publication in The Lancet Regional Health Europe and Molecular Oncology, explaining the recommendations and their evidence-base for the benefit of a scientific audience.

In the **Development Phase**, during which ECAC5 is produced, the IARC Secretariat, led the **Coordination Group**, managing all processes ensuring that the timeline and general strategy are followed.

The Coordination Group comprised the Secretariat (IARC plus the European as the Key Regional Partner), the World Cancer Research Fund International (WCRF), and the Chairs of the Working Groups (WGs) of experts who reviewed the evidence and proposed draft recommendations for inclusion in ECAC5.

In total, ECAC5 had five **WGs of experts**:

- **Working Group 1 (WG1) – Lifestyle Determinants** - exposures and preventive actions and interventions related to tobacco and related products, excess body weight, diet, alcoholic beverages, physical activity and breastfeeding;
- **Working Group 2 (WG2) – Environmental and Occupational Determinants** - exposures and preventive actions and interventions related to air pollution, ionising and non-ionising radiation, and occupations;
- **Working Group 3 (WG3) – Infections** - exposures and preventive actions and interventions related to infections;
- **Working Group 4 (WG4) – Medical Interventions** - cancer screening and pharmacological agents (“drugs”) that may increase or decrease risk of certain cancers;
- **Working Group 5 (WG5) – Communication and Health Literacy** - advises on optimal communication for all recommendations, their cohesion as a complete set, and performs a multi-country testing of recommendations with members of the public.

The **Scientific Committee** comprised 13 senior experts in cancer prevention and control from the region (12 EU Member States, plus a representative of WHO Headquarters), with public health and scientific credibility, holding a leadership role in their country, typically representing a key cancer prevention institution. The Scientific Committee reviewed and approved the recommendations, ensuring broad support from the most authoritative sources of the evidence and allowing ownership of ECAC5 in their respective countries.

The **Advocacy Group** with representatives from four major stakeholders are responsible for the dissemination and evaluation of ECAC5: the Association of European Cancer Leagues (ECL); Joint

Research Centre of the European Commission (JRC); Organisation for Economic Co-operation and Development (OECD); and the WHO Regional Office for Europe (WHO/Europe).

Following the Development Phase and launch of ECAC5, the **Implementation, Dissemination and Exploitation Phase** begins. This is jointly coordinated by the EC and Advocacy Group with the support and advice of the Coordination Group, Scientific Committee and members of WG5. During this phase, the **Implementation, Dissemination and Exploitation Group (IDEG)** takes effect in order to maintain the momentum of the newly released ECAC5. The IDEG is composed of key stakeholders from the region, who were selected due to their instrumental role in the implementation, dissemination and exploitation of the ECAC5. Led by the ECAC5 Advocacy Group members, these organisations are amongst the signatories of the ECAC5 Partnership Declaration, which is further described in the document (section 3.2).

1.2 Purpose of Dissemination Report

The Dissemination Report provides a framework for the promotion of the ECAC5 project outputs towards stakeholders. It is intended for use by promoters of ECAC5 to help ensure that the project outputs reach the intended audiences in a clear and consistent manner.

The report includes guidelines for the accurate translation of key terms that appear in ECAC5, and the essential references and disclaimers to be made in the process of disseminating ECAC5 outputs. It also describes tailored approaches for communicating effectively with different target audiences, such as regional and national health decision-makers. These strategies are designed to align with and complement existing dissemination efforts to maximise the reach and impact of ECAC5.

2. General guidance for dissemination

2.1 Guidance for disseminating the ECAC5 Levels of Information or Outputs

- **Level 1 – Recommendations for individuals and policy-makers**

Level 1 is comprised of evidence-based recommendations for individuals and the complementary recommendations for policy-makers. It has been developed as single formatted document, which is the final and complete version of ECAC5. The recommendations are action-oriented, feasible and easy-to-understand, whilst respecting the integrity of the scientific evidence-base. They have been carefully and deliberately phrased by experts in the field with the support of communication professionals. Moreover, the recommendations for individuals have been informed by an evaluation study conducted to optimise the communication of ECAC5 by testing pre-final versions. Therefore, when disseminating the ECAC5 recommendations for individuals, it is **strongly advised not to edit, delete or substitute words that may affect the meaning of the recommendations**.

Outlined below are key details regarding the format of Level 1, which are relevant for ECAC5 promoters:

- **Short titles**

Based on the results of the evaluation study, each recommendation is preceded by a short title that captures the main topic. In some cases, the short title used for the recommendation for policy-makers differs from that of the corresponding individual recommendation, reflecting the broader scope of policy actions.

- **Icons**

For the recommendations for individuals, colourful icons are also included, which themselves can be used as part of general dissemination activities. These are available to download from the ECAC5 website: https://cancer-code-europe.iarc.who.int.

- **Preamble**

In order to provide more context to the recommendations, for policy-makers, Level 1 also contains a preamble (on page 2 of ECAC5) linking the recommendations for individuals with those for policy-makers. This includes explanatory information on the synergies that can be found between ECAC5 and the prevention of Non-Communicable Diseases (NCDs) and opportunities for health promotion.

- **Acknowledgements**

Dissemination of all ECAC5 outputs must respect and acknowledge the source of funding for the ECAC5 project by referencing the disclaimer of EU funding, and accompanying EU co-funding logo, which is included on the final page of ECAC5. Acknowledgement of the funding source is an obligation for the outputs of all such EU financed projects, therefore, the dissemination of ECAC5 should include recognition of the financial support from the EU. Additionally, IARC should be acknowledged as the coordinator of the ECAC5 project.

- **Level 2 – Knowledge translation outputs**

Level 2 is comprised of a dedicated **factsheet** and **policy brief** for each the ECAC5 recommendations.

Factsheets are aimed towards a general, lay audience who may have a particular interest to learn more about the recommendation and what can be done to adopt it. Factsheets accompany each of the recommendations for individuals providing space for further information and clarification of the associated recommendation. This approach allows the recommendations to remain concise as the fact sheets contain key additional information to improve public understanding of the recommendation.

Policy briefs are targeted at policy-makers and accompany the recommendations for policy-makers. In addition to targeting policy-makers, policy briefs are also relevant to decision-makers with responsibilities that align with the implementation of the policy recommendation.

Both sets of knowledge translation outputs have been written by the topic specific experts from the WGs who have evaluated the evidence to develop the ECAC5 recommendations. They have been written in lay language avoiding jargon and technical terms where possible. Key references are provided in all outputs for further reading and follow up.

Level 2 outputs are intended to be used freely by key stakeholders who are encouraged to develop their own materials based on these outputs. All outputs are available to download from the ECAC5 website: https://cancer-code-europe.iarc.who.int. For example, stakeholders may wish to include local or national specific information regarding a specific recommendation in an adapted version of the outputs.

As with Level 1, acknowledgement of EU co-financing and IARC's coordination role in the ECAC5 project is required when disseminating or adapting the outputs. This should also help to indicate that the material is from a trusted source, backed up with robust scientific expertise.

- **Level 3 – Scientific justification of the recommendations**

The scientific publications comprising the Level 3 include a central, overarching article that introduces and describes ECAC5 published in Open Access in The Lancet Regional Health - Europe. This article presents the updated recommendations and introduces the complementary recommendations for policy-makers. As such, this article is the key scientific output to reference ECAC5 for future publications.

Alongside this are thematic articles describing the scientific justification for the ECAC5 recommendations, which are published together in Open Access form as a special issue of the journal Molecular Oncology. Each article is co-authored by experts that have developed the respective recommendations. The aim of the articles is to explain the evidence for the recommendations and coherence with the methodological process followed.

As the target audience of Level 3 is the scientific community, the articles provide detailed information on the evidence that support the inclusion of a recommendation in ECAC5 and

adherence to the IARC methodology.[1] The articles describe any systematic reviews of the evidence that were commissioned and explain the major results. Additionally, topics that had been considered but did not meet the criteria for inclusion, are also described and their absence justified with evidence. All articles are Open Access and, therefore, fully accessible to all interested parties, and can be found on the ECAC5 website.

2.2 Evidence from research for improving awareness of ECAC5

To improve the comprehension of ECAC5, the project integrated findings from research on how to improve the communication of the cancer prevention recommendations. This section summarises key studies conducted as part of the ECAC5 development process.

- **Perceptions towards the adoption of the European Code Against Cancer (4th Edition) among the European Union population: a qualitative study (Quali-ECAC4)[2]**

To help inform the development of ECAC5, and strengthen the future implementation, a multi-country qualitative study was conducted to explore barriers and facilitators towards the adoption of the ECAC4. The study involved semi-structured interviews with 141 adults in nine EU Member States (Bulgaria, Croatia, France, Germany, Ireland, Poland, Portugal, Romania and Spain).

Barriers and facilitators were identified across capability, opportunity and motivation. Capability barriers included low health literacy, misinformation and limited self-management skills; facilitators included access to trusted information and early health education. Opportunity barriers encompassed social norms, environmental and economic constraints, and healthcare access; facilitators included supportive networks, universal coverage and enabling policies. Motivation barriers involved entrenched habits and fear; facilitators included personal health goals, family responsibilities and determination.

Findings reveal that structural barriers, including healthcare access, policy environments, and economic constraints, are as influential as individual motivation or knowledge, underscoring the need for multi-level implementation strategies. The insights provide actionable guidance for designing interventions and policies in the forthcoming ECAC, 5th edition, with relevance to broader cancer prevention initiatives within the Europe's Beating Cancer Plan. The published article describing the study and its results is available from the ECAC website (www.cancer-code-europe.iarc.who.int) upon publication.

- **Optimising the ECAC5 to increase awareness of avoidable cancer risks in all social groups: ECAC5 Evaluation Study[3]**

To support the development of the ECAC5 recommendations an evaluation study was implemented in the framework of the ECAC5 project. Recognising that public awareness of

[1] Espina C, Ritchie D, Feliu A, et al. Developing evidence-based cancer prevention recommendations: Methodology of the World Code Against Cancer Framework to create region-specific codes. Int J Cancer. 2025;1-10. doi:10.1002/ijc.7006810
[2] The study was registered in the Centre for Open Science Registries – OSF in September 2023 (https://doi.org/10.17605/OSF.IO/YP93G).
[3] The study was preregistered on the Open Science Framework (registration: https://osf.io/6rjvq/; protocol https://osf.io/pfxgs)

known cancer risk factors is low across Europe, this study aimed to identify the best approaches for presenting the new and updated ECAC5 recommendations in order that all people, regardless of their background, can better recall the key cancer risk factors. Full details are described in *Mantzari et al* (2025), which is an article in the ECAC5 special issue published in Molecular Oncology and is available from the ECAC website (www.cancer-code-europe.iarc.who.int) upon publication.

The study recruited 10,000 adults from eight EU Member States and tested different ways of presenting the ECAC5 recommendations. Participants were shown messages that varied in content (with or without information about the concerned risk factor), length (short or long message), and format (message as text only or message accompanied by an icon).

The study found that the various formats of the messages were found to be equally effective across different countries and levels of education. Participants also rated them highly for ease of understanding and acceptability. Although message length and format had no effect, longer messages about actions to prevent cancer as well as images, provide more information to citizens without detriment. It was, therefore recommend, to include these elements in the format of ECAC5. Promoters of ECAC5 are therefore encouraged to maintain and build upon these elements during dissemination.

2.3 Guidance for translating Level 1 of ECAC5

This guidance has been developed to support the translation of the original English version of ECAC5. The primary aim of this guidance is to ensure that translations are accurate, consistent, and culturally appropriate, thereby maintaining the integrity and clarity of the original text.

The ECAC5 recommendations have been produced by experts from member states of the EU and neighbouring countries. The experts followed the below **key principles** whilst drafting and agreeing upon the ECAC5 recommendations:

1. **Action-oriented**: recommendations should emphasise actions people can take for themselves;
2. **Concise**: keep recommendations as brief and straightforward as possible;
3. **Equitable**: use language that is inclusive and accessible;
4. **Feasible**: recommended actions to be taken should be feasible for the greatest number of people;
5. **Precise**: make the recommendations as specific as possible.

ECAC5 contains a specific set of recommendations for individuals in the general public of EU Member States. These recommendations are complemented by a supporting set of recommendations specifically aimed at policy-makers. In both cases, the recommendations are framed in clear language to be as clear and understandable as possible audience. Translators should refer to the below **glossary of key terms** to ensure uniformity in terminology.

When there are possibilities to translate the same word in several ways, preference should be given to terms that are commonly used and understood by the general public, including for those with low levels of education, rather than technical, scientific or more sophisticated language.

Literal translations may lead to misinterpretation of the original recommendation, so it is important **to adhere to the key principles** that were used to formulate the recommendations in the original English language **and preserve equivalence of meaning and tone**. In cases where direct equivalents for specific terms do not exist in the target language, it is recommended that subject matter experts should be consulted to ensure that the intended meaning is accurately preserved. Back-translation, where the translated text is translated back into English, is encouraged as a method to identify potential errors or misunderstandings.

Translators must be mindful of **cultural and linguistic nuances in the target language**. Translating culturally sensitive content requires careful consideration to maintain the original intent of the recommendations while ensuring that they are understandable to the audience in the target language. This may involve adapting certain concepts without altering the fundamental message of the ECAC5 recommendation, whilst adhering to the above-mentioned key principles.

- **Glossary of key terms**

This glossary provides a series of definitions and explanations of key scientific terms and phrases that appear in ECAC5. It aims to mitigate the risk of mistranslations, which could lead to misinterpretations of the ECAC5 recommendations. Given the technical nature of the content, **precise translation is crucial to ensure that the recommendations and guidelines are clearly understood and effectively implemented**.

This glossary also includes definitions for several sentence openers that appear in the ECAC5 recommendations. This will help to facilitate an accurate translation of these common terms into the target language.

- **Terms in the ECAC5 recommendations for individuals**

Avoid ...	Used to advise against a behaviour or exposure without sounding overly authoritarian. This is used as a milder prohibiting statement than: "*Do not ...*". Example recommendation: 6. *Alcohol* ***Avoid** alcoholic drinks.*
Call on ...	Encourages people to seek assistance or demand a particular step be taken by another individual or entity. It promotes advocacy and active involvement in securing the desired action or outcome. This term was chosen in place of more confrontational language such as "*demand*" or "*insist*". Example recommendation: 9. *Cancer-causing factors at work* *Inform yourself about cancer-causing factors at work, and **call on** your employer to protect you against them. Always follow health and safety instructions at your workplace.*
Do not ...	A firm and unequivocal instruction prohibiting an action, leaving no room for alternative interpretations or personal discretion by the individual. Example recommendation: 1. *Smoking*

	***Do not** smoke. **Do not** use any form of tobacco, or vaping products. If you smoke, you should quit.*
Health-care professional	A person who studies, advises on or provides preventive, curative, rehabilitative and promotional health services based on an extensive body of theoretical and factual knowledge in the diagnosis and treatment of disease and other health problems, e.g., Generalist medical practitioners, Specialist medical practitioners, Nursing professionals, Pharmacists, etc.
Legumes	Plants belonging to the family *Leguminosae* that produce seeds in pods. The dried, edible seeds of this family are often called pulses, although this term is used interchangeably with legumes. Examples include: beans (without pods); peas (without pods), and lupins (without pods).
Limit …	An instruction that recommends reducing the extent or frequency of an action or consumption rather than eliminating it. It acknowledges the importance of moderation and practicality while encouraging healthier choices. Example recommendation: 3. *Overweight and obesity* *Take action to avoid or manage overweight and obesity:* • ***Limit** food high in calories, sugar, fat, and salt.* • ***Limit** drinks high in sugar. Drink mostly water and unsweetened drinks.* • ***Limit** ultra-processed foods.*
Low-traffic routes	Designated pathways or roads that have reduced vehicle traffic through traffic calming measures, pedestrianisation or other restrictions on motorised vehicles.
Menopausal symptoms	The physical and psychological changes that occur during the transition to menopause, which commonly include hot flushes, night sweats, mood swings, vaginal dryness, and sleep disturbances.
Organized cancer screening programmes	A screening programme where all eligible people are actively invited for screening, following an explicit and pre-specified protocol stipulating testing and assessment procedures, which is offered free of charge, within an established and organized setting. The criteria of organized screening programs vary across different countries.
Processed meat	Any meat which is smoked, dried or salted for preservation purposes or treated with preservatives such as nitrites. This includes meat-based products such as ham, bacon, salami and sausages.
Take action …	Invites people to do whatever is necessary to move towards a desired outcome. It encourages personal agency and initiative. Example recommendation: 11. *Air pollution* ***Take action** to reduce exposure to air pollution by:* • *Using public transportation, and walking or cycling instead of using a car*

	• *Choosing low-traffic routes when walking, cycling, or exercising* • *Keeping your home free of smoke by not burning materials such as coal or wood* • *Supporting policies that improve air quality.*
Ultra-processed foods (UPFs)	Includes sweet or savoury packaged snacks, reconstituted meat products and pre-prepared frozen dishes, which are not modified foods, but formulations made mostly or entirely from substances derived from foods and additives.
Unsweetened drinks	Drinks containing a naturally low level of sugar.
Vaping products	Devices used to deliver nicotine, cannabis (THC, CBD), flavourings, chemicals, and other substances. They are known by different names and come in different device types. Devices may be referred to as electronic cigarettes (e-cigarettes), vapes, or electronic nicotine delivery systems (ENDS).
Whole-grains	Grains and grain products made from the entire grain seed, which consists of the bran, germ and endosperm.

- **Terms in the ECAC5 recommendations for policy-makers**

Active travel	Includes modes such as walking and cycling, which are zero-emission forms of mobility and can bring about health co-benefits associated with more active lifestyles.
Alpha radiation emitters	Radioactive substances that release alpha particles, which are positively charged particles that consist of two protons and two neutrons. Typical alpha emitters include radium-226, radon-222, uranium-238, plutonium-236, thorium-232, and polonium-210.
Basic Safety Standards	Refers to the Council Directive 2013/59/EURATOM laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation. Commonly known as the Basic Safety Standards Directive.
Breastfeeding-friendly environments	Spaces in public places, workplaces, and healthcare settings that support and encourage breastfeeding, providing comfortable, private, and hygienic facilities for mothers.
Brief interventions *[alcohol]*	A treatment strategy in which structured therapy of short duration (typically 5-30 minutes) is offered with the aim of assisting an individual to cease or reduce the harmful use of alcohol.
Catch-up vaccination	Vaccinating an individual who has missed receiving vaccines on time as specified in the national immunization schedule.
Cancer-causing factors at work	Exposures to cancer-causing agents (carcinogens) in a work-related or occupational setting.

Electronic cigarettes (e-cigarettes)	*See Vaping products*.
Food-based dietary guidelines	Science-based recommendations in the form of guidelines for healthy eating. They are primarily intended for consumer information.
Front-of-pack nutrition labelling	Simplified nutrition information provided on the front of food packaging that aims to help consumers with their food choices.
Greening	Strategically planned network of natural and semi-natural areas with other environmental features, designed and managed to deliver a wide range of ecosystem services, while also enhancing biodiversity. Also referred to as "*green infrastructure*".
Heat pumps	Devices that transfer heat from one place to another, typically from the ground, air, or water, to heat or cool buildings. Heat pumps are a mature technology that is much more energy efficient than boilers.
HIV indicator conditions	A number of conditions thought to be associated with HIV infection because they share risk factors or because they arise as a result of early or late immunodeficiency.
International Code of Marketing of Breast-Milk Substitutes	An international health policy framework to regulate the marketing of breastmilk substitutes in order to protect breastfeeding. Published by the World Health Organization (WHO) in 1981, it is an internationally agreed voluntary code of practice.
Low-threshold settings	Health and social services designed to be easily accessible with minimal barriers, such as no need for an appointment, anonymity, and free or low-cost services, in order to reach individuals who might not otherwise seek help. Typically includes needle-exchange points, drop-in or contact centres, night shelters, substitution treatment programs, etc.
Novel tobacco and nicotine containing products	A tobacco product which does not fall into any of the following categories: cigarettes, roll-your-own tobacco, pipe tobacco, waterpipe tobacco, cigars, cigarillos, chewing tobacco, nasal tobacco or tobacco for oral use; and has been placed on the market after 19 May 2014. This includes vaping products, also known as electronic cigarettes (*e-cigarettes*). *See Vaping products*.
Occupational exposure limits	Regulatory values indicating levels of exposure for a chemical substance to be considered safe in the air of a workplace.
Public catering services	Food services provided by or on behalf of public authorities, such as in schools, hospitals, and government institutions.
Sensitive populations *[to air pollution]*	Groups of people who are more vulnerable to the adverse health effects of air pollution, such as children, the elderly, people with pre-existing health conditions, and pregnant women.
Shading infrastructures	Physical structures or natural elements, such as trees and canopies that provide shade to reduce exposure to direct sunlight.
Small and Medium-sized Enterprises [SMEs]	Those enterprises employing fewer than 250 persons, and which have an annual turnover not exceeding 50 million euro, and/or an annual balance sheet total not exceeding 43 million euro.

Social dialogue	All types of negotiation, consultation or exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy.
Social partners	Used to refer to representatives of management and labour (employer organisations and trade unions), and in some contexts, public authorities, which engage in social dialogue.
Spatial planning	Methods and processes used by public authorities to influence the distribution of people and activities in spaces of various scales. It involves the management of land use, urban growth, and environmental protection.
Sweetened beverages	Any drink to which a sweetening agent has been added, whether that agent is sugar, a sugar substitute, or any other type of sweetener.
Sugar-sweetened beverages	A specific category of "*sweetened beverages*", referring to any liquids that are sweetened with various forms of added sugars, e.g., brown sugar, corn syrup, dextrose, fructose, glucose, honey, malt syrup, molasses, and sucrose. Examples include fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars.
Sunbeds	All types of ultraviolet (UV) tanning devices for cosmetic purposes.
UV-safe clothing	Clothing designed to protect the skin from harmful UV radiation. Such clothing is typically made from tightly woven fabrics and may be treated with UV-absorbing compounds.

2.4 Guidance for anticipating and managing a digital backlash to ECAC5

Cancer prevention stakeholders have diverse perspectives and interests. In a highly volatile information environment, conversations around cancer prevention may become politicised and polarised due to competing interests and differences in socio-economic backgrounds, political agendas, framing and sources of information. The below guidance is intended for promoters of ECAC5 to anticipate and manage potential negative publicity arising from its dissemination, which may stem from intellectual, commercial or political resistance to certain messages within ECAC5. To contain and mitigate this, promoters of ECAC5 are advised to seek alliances and build bridges with relevant stakeholders. It is premised on the idea that the activities in support of cancer prevention are a public good and, despite competing interests, each category of stakeholders (outlined below) can and should be engaged for the dissemination of ECAC5.

- **Governmental and public health authorities**

Cancer prevention strategies are influenced by economic constraints, political agendas, public health priorities, and healthcare system sustainability. Preventive actions, as described in ECAC5, offer a cost-effective framework to lower the long-term cost of cancer, and this fact should be communicated to these particular stakeholders. Therefore, promoters of ECAC5 are advised to:

- Position ECAC5 as a cost-effective framework for prevention and early detection.
- Provide solutions for integrating ECAC5 into national health strategies.
- Emphasise public expectations for proactive cancer prevention policies.
- Highlight prevention funding as a long-term public health investment.

- **Scientific community and healthcare professionals**

This group highly specialised and knowledgeable about the evidence-base of ECAC5. Promoters of ECAC5 are advised to use scientific language when communicating with these stakeholders, emphasising that ECAC5 is as an evidence-based tool aligned with their expertise and research on cancer prevention. Therefore, it is advised to:

- Frame ECAC5 as an evidence-based tool aligned with current research.
- Acknowledge current debates while presenting ECAC5 as a reflection of progress.
- Reinforce the role of researchers in advancing prevention and public health.
- Encourage their advocacy for the ECAC5 among healthcare professionals and policy-makers.

- **Advocacy groups, including patient representatives and communities**

Motivated by the desire to improve the lives of patients and survivors, advocacy groups are strongly patient-focused and deeply emotionally involved with the subject. They are more inclined to value the information related to how to reduce the gap between patients, healthcare providers, and policy-makers than scientific information. Encourage the expression of emotions, clarify and reflect on the content and feelings shared by them. Therefore, it is advised to:

- Encourage dialogue and emotional expression while providing science-based support.
- Establish partnerships to bridge gaps between patients, providers, and policy-makers.
- Address concerns often overlooked in mainstream health discussions.
- Communicate hope and empower individuals to manage modifiable risk factors.

- **Mass media, journalists and influencers**

The media plays a significant role in health communication, particularly in cancer prevention. By raising awareness of risk factors and promoting early detection, the media helps to inform and educate the public. Additionally, it shapes the interpretation of major events and developments related to cancer prevention and treatment. Therefore:

- Promote ECAC5 as a tool for accurate health reporting.
- Foster strategic partnerships with media to counter misinformation.
- Use clear, non-technical language and provide accessible, evidence-based insights.
- Demonstrate the impact of accurate reporting on public health outcomes.

- **Healthcare providers**

Healthcare settings, such as hospitals, are focused on enhancing patient outcomes and maintaining their overall reputation. It is important to align the message with these priorities and demonstrate how cancer prevention supports healthcare efficiency. Acknowledge that the implementation of ECAC5 is a long-term process. Therefore:

- Align ECAC5 with patient-centred care and ongoing medical education.
- Showcase best practices where ECAC5 has improved healthcare efficiency.
- Emphasise its role in reducing hospital overcrowding without adding administrative burden.

- **Healthcare industry stakeholders**

Stakeholders in cancer treatment invest heavily in research and development. The pharmaceutical industry, as a specific example of this broad stakeholder group, operating under strict regulations, enables rigorous clinical trials for treatments. Post-COVID-19, these companies face criticism for their profits and biased trials.

- Highlight opportunities for innovation in early detection and treatment.
- Acknowledges that industry can be important partners in the fight against cancer.
- Recognise the value of medications in increasing survival rates.

3. Dissemination outputs and activities

This section describes general dissemination activities that have been implemented for previous editions of the ECAC, activities taking place within the framework of the ECAC5 project, including a description of the ECAC5 website and its contents, and ideas of future potential dissemination activities for ECAC5. The aim of this section is to inform stakeholders of past experience and offer inspiration for future activities, acting as a foundation for sustainable and impactful dissemination and uptake of ECAC5.

3.1 Lessons learnt from previous efforts to promote ECAC

Since its initial launch in 1987, the ECAC has evolved with edition to improve public knowledge on cancer prevention and incorporate new scientific findings. The first edition was designed as a simple and clear set of ten recommendations. Readability analysis using the Flesch-Kincaid framework indicated a high level of accessibility. However, translated versions, such as in Portuguese, demonstrated lower readability, signalling potential challenges with comprehension.

Subsequent revisions, particularly the second edition (1995) and third edition (2003), introduced more comprehensive content at the cost of increasing the complexity of the text. The second edition included additional contextual information, resulting in a significant decline in readability. The third edition streamlined content and improved readability slightly yet remained more complex than the original first edition.

The fourth edition (2014) marked a shift towards multidisciplinary development, integrating insights from behavioural science and communication experts. The addition of new recommendations, such as radon exposure awareness and breastfeeding, improved scientific accuracy but did not significantly enhance readability.

Taking into account this experience, disseminators of ECAC5 are encouraged to consider the following elements when promoting it to various audiences:

1. **Promote action, not just awareness**
   - Ensure materials help individuals take concrete steps in line with ECAC5 recommendations.
   - Focus on enabling behavioural change rather than just providing information.
   - Communicate with clear, actionable messages while avoiding overly complex or dense content.

2. **Use clear, accessible language**
   - Avoid ambiguous or technical terms without explanations.
   - Emphasise positive, action-oriented language to encourage engagement.
   - Tailor messages to different age groups, literacy levels, and cultural backgrounds.

3. **Diversify communication channels**
    - Combine print materials (flyers, posters) with digital strategies (apps, gamification, virtual reality).
    - Leverage mass media and influencers to amplify reach.
    - Ensure dissemination strategies address diverse population needs.

4. **Engage key stakeholders**
    - Encourage healthcare professionals to actively promote ECAC5 messages and integrate them into patient interactions.
    - Support dissemination with self-assessment tools and interactive elements (e.g., quizzes) to enhance engagement.
    - Messages should be embedded in relevant settings where decisions are made.

- ## Case Study: National Dissemination of the ECAC in Poland

Cancer remains a major health challenge in Poland. The country has a higher cancer mortality rate than the EU average, and many of these deaths could be prevented by reducing exposure to known risk factors as elaborated in the ECAC. However, public awareness of the ECAC remains low. A recent survey by Poland's Ministry of Health found that nearly half of the population (48%) had never heard of the ECAC, and only 9% were familiar with its recommendations.

Dissemination of the ECAC has so not traditionally been coordinated at the national level, nor has there been dedicated funding for ECAC promotion. Awareness-raising activities depended largely on the initiative of committed individuals and local institutions, often operating without sustained support.

Despite these challenges, Poland has made important progress. Since 2017, the Maria Sklodowska-Curie National Research Institute of Oncology has played a leading role in promoting the ECAC, including publishing the first Polish-language brochure, "12 Ways to Stay Healthy." These efforts helped raise the Code's visibility and gained the attention of policymakers.

A major turning point came when the ECAC was formally included in Poland's National Oncology Strategy 2020–2030, providing both political backing and financial resources. In parallel, the creation of a National Monitoring Centre for Oncological Care, alongside a network of regional cancer prevention units, offers new opportunities for coordinated, long-term dissemination of ECAC5.

Based on Polish experience, the following recommendations emerge:

- ECAC dissemination must be integrated into national cancer control planning and public health policy
- dedicated funding and staffing are necessary to ensure continuity and quality in communication and education
- regional monitoring units should serve as local hubs for training, community outreach, and evaluation
- central coordination by the National Monitoring Centre can ensure consistency and evidence-based implementation.

Poland's experience shows that even in a challenging environment, sustained advocacy and institutional support can lead to meaningful progress. With the launch of ECAC5, Poland is in a strong position to roll out a more coordinated and impactful approach, acting as a model for others in Europe to learn from and adapt to their own settings.

3.2 Activities during the ECAC5 project

- **ECAC5 website - www.cancer-code-europe.iarc.who.int**

The ECAC5 website serves as the primary digital platform for accessing the full set of recommendations, background information, and supporting materials. Promoters are encouraged to make full use of all tools and information freely available on the website.

It hosts the official version of ECAC5 and is designed for usability across a wide range of audiences. The website offers multilingual functionality, providing access to all ECAC5 content in the 23 official EU languages. This ensures consistency, accessibility, and equity in dissemination, allowing individuals and policy-makers throughout the EU to engage with the content in their native language.

- **Stakeholder Engagement**

A core objective of the ECAC5 project was to engage diverse stakeholders across the EU to strengthen dissemination and ultimately enhance cancer prevention and health literacy in Europe. In the framework of the project, a diverse range of stakeholder organisations were consulted for their views on the methods to potentially enhance the dissemination of ECAC5.[4] After reviewing suggestions generated during an ideation phase for their feasibility and impact, the following approaches were identified:

- Developing an online version of ECAC5 with simple graphics
- Creating a communication toolkit for the media
- Leveraging scientific experts for public outreach
- Promoting ECAC5 in schools.

As an additional step, in collaboration with the Association of European Cancer Leagues (ECL), a design thinking workshop with the ECL Youth Ambassadors was organised. The workshop applied human-centred design methods to identify youth-specific barriers to cancer prevention messaging, such as technical language, limited interest, and conflicting views on social media, and co-create tailored solutions. Key youth-led ideas included:

- A trusted ECAC5 social media campaign
- School-based health festivals
- Collaborations with influencers

[4] The results of these activities are presented in the article D'Souza et al (2025), which is an article in the ECAC5 special issue published in Molecular Oncology, and is available from the ECAC website (www.cancer-code-europe.iarc.who.int) upon publication.

- Competitions and gamified content.

This combined consultation process highlights the importance for tailoring ECAC5 dissemination to the needs of diverse audiences across Europe.

- **ECAC5 Partnership Declaration**

To foster broad engagement and ownership of ECAC5, a Partnership Declaration has been developed to invite stakeholder organisations to formally support ECAC5. Signatories commit to promoting ECAC5, contributing to its dissemination through their networks, and adopting innovative, localised approaches where appropriate. The Declaration is a voluntary expression of shared intent to support cancer prevention efforts across Europe.

As with the other major outputs of the ECAC5 project, the partnership declaration can be found on the ECAC5 website.

3.3 Future activities to disseminate ECAC5

Looking ahead, a wide range of activities are already in the planning and consideration to promote ECAC5 and support its long-term integration across Europe. Such efforts will build on the work undertaken during the ECAC5 project and seek to engage diverse partners at the EU, national and local levels.

Ranging from the release of the EU Mobile App for Cancer Prevention to campaigns and dissemination activities led by civil society, future initiatives will aim to ensure that the messages of ECAC5 reach the public, health professionals, and policy-makers alike. Below are some examples of potential dissemination activities and tools from organisations implicated in the ECAC5 project, which will support the continued promotion of ECAC5 in the years to come.

- **EU Mobile App for Cancer Prevention**

A major innovation supporting the future dissemination of ECAC5 is the development of the EU Mobile App for Cancer Prevention. This application, an initiative of the European Commission, is designed specifically to promote the evidence-based messages of the ECAC in an engaging and user-friendly digital format.

The App, which will be launched in all EU languages in 2026, aims to support individuals in making informed lifestyle choices by presenting ECAC5 recommendations in an accessible and interactive way. It is intended as a key tool for increasing cancer prevention awareness across Europe, particularly among younger and digitally connected populations.

The EU-funded BUMPER project supported the development of the EU Mobile App for Cancer Prevention. The final report of the BUMPER project outlines key insights on promoting digital health literacy in the field of cancer prevention. These lessons are drawn from the consortium's experiences in disseminating information about both the future EU Mobile App and ECAC5. The report also highlights valuable findings from cross-border pilot testing of the EU Mobile App, offering guidance for future initiatives.

- **Organisations engaged in the ECAC5 project**

Association of European Cancer Leagues (ECL)

ECL and its member leagues have a strong legacy of promoting the ECAC. ECL uses its established network and position in Brussels to disseminate ECAC messages to key stakeholders, including EU policy-makers, Members of the European Parliament (MEPs), civil society organisations, and the wider health community.

A central pillar of ECL's outreach is the ECL Youth Ambassadors Programme, which brings together a dedicated community of young health advocates raising awareness about cancer prevention. Since its launch in 2015, the programme has united young people from over 30 countries across Europe, creating a dynamic network of students and young professionals from diverse fields such as medicine, public health, law, and political science. Throughout the year, ECL Youth Ambassadors organise activities, events and online campaigns to raise awareness about cancer prevention among young people and the general population, guided by the ECAC.

ECL is committed to contribute to the success of ECAC5, by supporting dissemination efforts at the EU, national and local levels. ECL will mobilise its network, compromising 34 national and regional cancer leagues across Europe, to integrate ECAC5 into their cancer prevention awareness campaigns.

Following the launch of the ECAC5, ECL plans to initiate a communication campaign aimed at raising awareness and encouraging widespread adoption across Europe. ECL will also continue to leverage the scientifically validated messages of the ECAC to inform their advocacy efforts on key legislative processes related to cancer prevention, including on EU policy developments on tobacco control and the introduction of food and alcohol labelling.

Joint Research Centre of the European Commission (JRC)

The JRC offers independent, evidence-based scientific support for EU policies. Through its Knowledge Centre on Cancer (KCC), the JRC manages several portals and knowledge hubs that currently reference the European Code against Cancer (ECAC4), and once the Code is updated will provide a permanent link to ECAC5.

Modalities for promotion of ECAC5 include the Health Promotion and Disease Prevention Knowledge Gateway references ECAC in its regularly updated briefs on cancer prevention, in the sections outlining policies and recommendations for cancer prevention. Similarly, the European Cancer Inequalities Registry uses ECAC as a source providing an explanation of cancer prevention indicators. Moving forward, the KCC will build upon ECAC5 resources, using communication activities *via* its portals and through conferences and meetings, including citizen engagement activities. The bimonthly KCC Newsletter will play a crucial role in disseminating information about ECAC5 to cancer stakeholders, targeting researchers and the policy community. Lastly, the KCC's Cancer Projects Tool provides details on EU-funded cancer projects and highlights synergies between ECAC5 and related initiatives, promoting collaboration among relevant projects.

WHO Regional Office for Europe (WHO/Europe)

WHO/Europe plays a strategic role in reaching national-level decision-makers through high-level policy dialogue. With direct access to Ministries of Health via its country offices and staff with diplomatic status, WHO/Europe can support dissemination by integrating ECAC5 into ministerial briefings, technical meetings, and country-specific health initiatives. This makes WHO/Europe a key partner in promoting the adoption of ECAC5 across diverse health systems in the region.

Danish Cancer Society

For ECAC5, promotional materials will be developed designed to reach diverse audiences. Indicative examples of the typical materials to be developed include:

- **A news article** published on the Danish Cancer Society website outlining the key changes from the previous Code for the Danish Cancer Society community.
- **A press release** uploaded to our newsroom Via Ritzau, highlighting the updates, providing key facts, and including links to the Danish version of ECAC5.
- **Infographics and explanatory content** shared across social media channels targeted different demographic groups.
- **Emails sent to the umbrella organisation** for patient groups in Denmark, as well as to networks of health and prevention stakeholders.

Within the Danish Cancer Society, the Department of Prevention will assess whether the new code and its supporting evidence necessitate changes to the foundation of cancer prevention efforts or the introduction of new prevention areas. All prevention-related communications aligned with the code will be updated to reflect the latest evidence

European Public Health Alliance (EPHA)

As a leading civil society alliance working to improve public health across Europe, EPHA is committed to amplifying the messages of the fifth edition of ECAC5 and supporting its implementation through wide-reaching and targeted dissemination efforts.

EPHA will communicate the core messages and added value of ECAC5 in an engaging and accessible way, tailored to diverse public health audiences. Dissemination will take place across EPHA's high-visibility channels, including its website, newsletter, and social media platforms.

Beyond its public-facing outreach, EPHA will leverage its extensive civil society network through targeted dissemination in its dedicated membership newsletter and strategic collaboration with its members and partner organisations. EPHA's "network of networks" includes actors from across public health, social equity, environment, and health systems, offering a multiplier effect for ECAC5 visibility and uptake.

Furthermore, EPHA will explore opportunities to link ECAC5 promotion with ongoing work on the commercial determinants of health, cancer prevention, and non-communicable diseases, helping integrate the ECAC5 messages into broader public health policy conversations at EU and national level.

World Cancer Research Fund International (WCRF)

WCRF is a leading authority on the links between diet, weight and physical activity and cancer. As an international not-for-profit association, WCRF leads and unifies a network of cancer prevention charities, including the American Institute for Cancer Research, WCRF UK and *Wereld Kanker Onderzoek Fonds* (WKOF) in the Netherlands. WCRF International have partnered with IARC to support the World Code Against Cancer Framework and are part of the ECAC5 coordination group.

WCRF International and the WCRF European Network aim to support the dissemination of ECAC5 along the following lines:

- **Publicly endorse ECAC5** - WCRF International and the WCRF Network will endorse ECAC5 to show solidarity and support for international initiative that can improve Europe-wide health outcomes.
- **Contribute to the promotion of ECAC5** - Evidence and recommendations from WCRF have formed the basis for ECAC5 and previous Codes. WCRF International and the WCRF Network will highlight their role as a well-regarded, authoritative partner in providing the underpinning research on diet, nutrition, weight and physical activity that supported the development of ECAC5 to key European stakeholders, including health professionals, governments and policymakers.
- **Inform the general public** - Inform WCRF supporters and the Dutch and British public about ECAC5 and share key insights from this initiative to demonstrate the importance of cancer prevention recommendations for reducing cancer burden.

Annex: ECAC5 Social Media Templates

To help organisations and networks promote the European Code Against Cancer, 5th edition (ECAC5), across their digital channels, social media templates have been developed to provide promoters of ECAC5 with ready-to-use messages for their dissemination efforts.

The aim is to give teams of any size simple and straightforward material, supporting consistent messaging of ECAC5, which directs audiences to the official ECAC5 website: **cancer-code-europe.iarc.who.int**. Promoters are free to accompany these messages with their own imagery or make full use of the ECAC5 icons available on the official website.

Key information

- Posts should link directly to the official ECAC5 website, which is the primary source for ECAC5 information: **https://cancer-code-europe.iarc.who.int**.
- This website goes live from 19 October 2025. The website will be available in all official EU languages following the launch of all language versions in 2026.
- Posts should ideally include a couple of hashtags and relevant handles of key organisations. The post should also link to the ECAC5 website.
- Posts and related content can make use of the tagline of ECAC5: "**14 ways you can help prevent cancer**".
- Lastly, when posting, don't forget the six core messages for the dissemination of ECAC5:

    1. **ECAC5 is backed by the latest scientific evidence reviewed by leading European scientists**
    2. **ECAC5 addresses key cancer risks and preventive interventions in the EU**
    3. **ECAC5 empowers individuals through evidence-based cancer prevention recommendations**
    4. **ECAC5 encourages the implementation of effective policies to enable environments where everyone can make informed, healthy choices**
    5. **ECAC5 aligns with broader public health goals**
    6. **ECAC5 promotes a collaborative approach to dissemination and communication**

Hashtags

Principle hashtag	**#ECAC5**
Additional hashtags	**#CodeAgainstCancer** **#CancerPrevention** **#Cancer** **#EUCancerPlan** **#HealthPromotion**

Suggested posts

Posts targeted at general awareness-raising

#ECAC5 is out now!
Find out more about the 14 ways you can promote #CancerPrevention and polices for enabling environments. Explore & share ECAC5 with your community

cancer-code-europe.iarc.who.int

@IARCWHO @EU_Commission @EU_Health @EU_HaDEA @EU_ScienceHub

What's in #ECAC5?

Tobacco, alcohol, physical activity, sun protection, screening & more!
ECAC5 gives clear steps to individuals & guidance to policy-makers.
Curious? Learn more

cancer-code-europe.iarc.who.int

#CancerPrevention
@IARCWHO @EU_Commission @EU_Health @EU_HaDEA @EU_ScienceHub

Posts targeted at health professionals

Did you know #ECAC5 has factsheets available for each of the 14 evidence-based recommendations to help prevent #cancer?Why not use ECAC5 for public engagement, staff training & education? #HealthPromotion

cancer-code-europe.iarc.who.int

@IARCWHO @EU_Health

Posts targeted at policymakers

#ECAC5 complements individual actions with policy measures to enable healthier choices across the EU.
Curious about what policy-makers can do?
Check out the 14 policy briefs available on the ECAC5 website:

cancer-code-europe.iarc.who.int

#EUCancerPlan
@IARCWHO @EU_Commission @EU_Health

Posts targeted at stakeholder organisations

🤔Can you use #ECAC5 in your #HealthPromotion activities❓
✅Yes❗
You can promote the 14 recommendations, share the factsheets & policy briefs, & make use of the materials on the ECAC5 website👇

📎cancer-code-europe.iarc.who.int

#CancerPrevention
@IARCWHO @EU_Commission @EU_Health

Caption for use in Instagram Stories, Reels and on other comparable platforms

14 ways to help prevent cancer — discover #ECAC5 and share with your community. Check the link:

📎cancer-code-europe.iarc.who.int

#CancerPrevention

YouTube video description

European Code Against Cancer, 5th edition (ECAC5) — 14 ways YOU can help prevent cancer!

ECAC5 offers evidence-based recommendations for individuals in the EU and complementary recommendations for policy-makers to help reduce cancer and limit its consequences. Learn more by visiting the ECAC5 website.

📎cancer-code-europe.iarc.who.int

ECAC5 was coordinated by the International Agency for Research on Cancer (IARC) and developed with the input of more than 80 experts from across Europe.

#ECAC5 #CancerPrevention #Cancer #EUCancerPlan #HealthPromotion

Handles of organisations to tag in posts

- X (*formerly Twitter*)
    - @IARCWHO = International Agency for Research on Cancer (IARC/WHO)
    - @EU_Commission = European Commission
    - @EU_Health = European Commission, Directorate-General for Health and Food Safety (DG SANTE)
    - @EU_HaDEA = European Health and Digital Executive Agency (HaDEA)
    - @EU_ScienceHub = Joint Research Centre, European Commission (JRC)

- *LinkedIn (type '@' and select the organisation)*
    - **IARC - International Agency for Research on Cancer / World Health Organization** — https://www.linkedin.com/company/international-agency-for-research-on-cancer/
    - European Commission — https://www.linkedin.com/company/european-commission/
    - European Health and Digital Executive Agency (HaDEA) — https://www.linkedin.com/company/european-health-and-digital-executive-agency-hadea/

A full list of accounts of the European Commission on other platforms can be accessed at: https://commission.europa.eu/get-involved/social-media-connect-european-commission_en

An overview of the IARC accounts on the most widely-used social media channels is available on the IARC website: https://www.iarc.who.int/