

# Summary Report of Recommendations for Disseminating the European Code Against Cancer at the National Level

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Association of European Cancer Leagues (ECL)

**December 2015**

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[http://europeancancerleagues.org/images/European\\_Code\\_Against\\_Cancer/year\\_end\\_summary\\_of\\_disseminating\\_the\\_code\\_at\\_national\\_level.pdf](http://europeancancerleagues.org/images/European_Code_Against_Cancer/year_end_summary_of_disseminating_the_code_at_national_level.pdf)



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# 1. Executive Summary

The European Code Against Cancer is a set of recommendations designed to provide individuals in Europe with clear advice on measures they can take to reduce their own risk of developing cancer.

Following the publication of the 4th edition of the Code in October 2014, ECL was awarded operational grant funding from the 3rd Health Programme (2014-2020) of the European Union. This grant included a specific mandate to communicate the Code in close collaboration with national and regional cancer leagues from across Europe.

During 2015, a number of activities were coordinated by ECL to establish the context for communicating the new edition of the Code. As a result, a series of recommendations were made for cancer leagues to enhance the dissemination the Code at the national level.

These recommendations are:

- **Adopt a general approach to dissemination at first in order to draw attention to the European Code Against Cancer.** The online survey commissioned by ECL suggests that public awareness of the Code is relatively low. Therefore, initial dissemination should be targeted at a general audience, becoming more specific to certain target groups over time;
- **Health professionals are a priority sector for spreading and amplifying the messages of the Code.** The dissemination of the Code and subsequent adoption of its messages will be greatly enhanced if the Code is well known and endorsed by health professionals. Special effort should be made to raise awareness of the Code amongst health professionals in training;
- **When appropriate, the Code should be communicated as a comprehensive package of recommendations: if modifying or adapting the messages of the Code in your dissemination, use the disclaimer “based upon the 4<sup>th</sup> edition of the European Code Against Cancer”.** Some messages of the Code may not be applicable to some regions or countries, nor in communication to specific age groups or genders. When any modification of the Code from the official language versions is made, use of the disclaimer will draw attention to this fact;
- **Social media should be embraced as it is an effective tool for reaching a wide audience, especially younger age groups.** Social media offers many creative and cost-effective routes to reaching the population. When communicating the Code make use of this creative potential by developing to engage with the public through interactive content and activities;
- **Explore ways to present the Code is a visually appealing way through infographics and short videos.** Visual communication, through videos and infographics, are a simple and memorable way to communicate some of the complex information contained within the Code. Use of these techniques by cancer leagues has indicated that they are effective;



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- **Don't forget the link to policy.** The 4<sup>th</sup> edition of the Code contains an important footnote about the necessity of governmental policies to support the individual's ability to act upon the recommendations of the Code. It is important that cancer leagues maintain a dual focus on disseminating the Code to individuals at the population level, whilst also arguing for supportive actions at the policy level.

In addition, feedback was provided by cancer leagues to ECL in order to improve the coordinating and effectiveness of activities in subsequent years. This feedback will be put into action during the coming year to develop the ongoing activities to raise awareness of the Code across Europe. A follow up report on these activities will be provided in early 2017.



## 2. Introduction

The European Code Against Cancer (hereafter, “ECAC” or “the Code”) is a set of recommendations designed to provide individuals in Europe with clear advice on measures they can take to reduce their own risk of developing cancer. The most recent edition of the Code was published in October 2014, and contains 12 evidence-based recommendations that were developed through a robust scientific process during the previous two years.

Following the publication of the 4th edition of the Code, the Association of European Cancer Leagues (hereafter, “ECL”) was awarded operational grant funding from the 3rd Health Programme (2014-2020) of the European Union (EU). This grant included a specific mandate to communicate the 4th edition of the European Code Against Cancer in close collaboration with national and regional cancer leagues from across Europe.

This report presents the recommendations for national and regional cancer leagues on how to enhance the dissemination of the Code at the national level in their respective countries. These recommendations arose as a direct outcome of various activities coordinated by ECL during 2015, which received support from the 3<sup>rd</sup> Health Programme of the EU.

The chapters of this report outlines the main activities that took place in 2015, and presents the key messages or conclusions that were made as a result. Further information on the participants, agendas and general supporting information can be found in the annexes to this report.



### 3. Context

In order to understand how to boost the dissemination of the Code, it is important to understand the context in which this dissemination takes place. This chapter presents the main methods that were employed in order to assess and appreciate the context that informs the communication of the Code.

#### 3.1 Stakeholder mapping

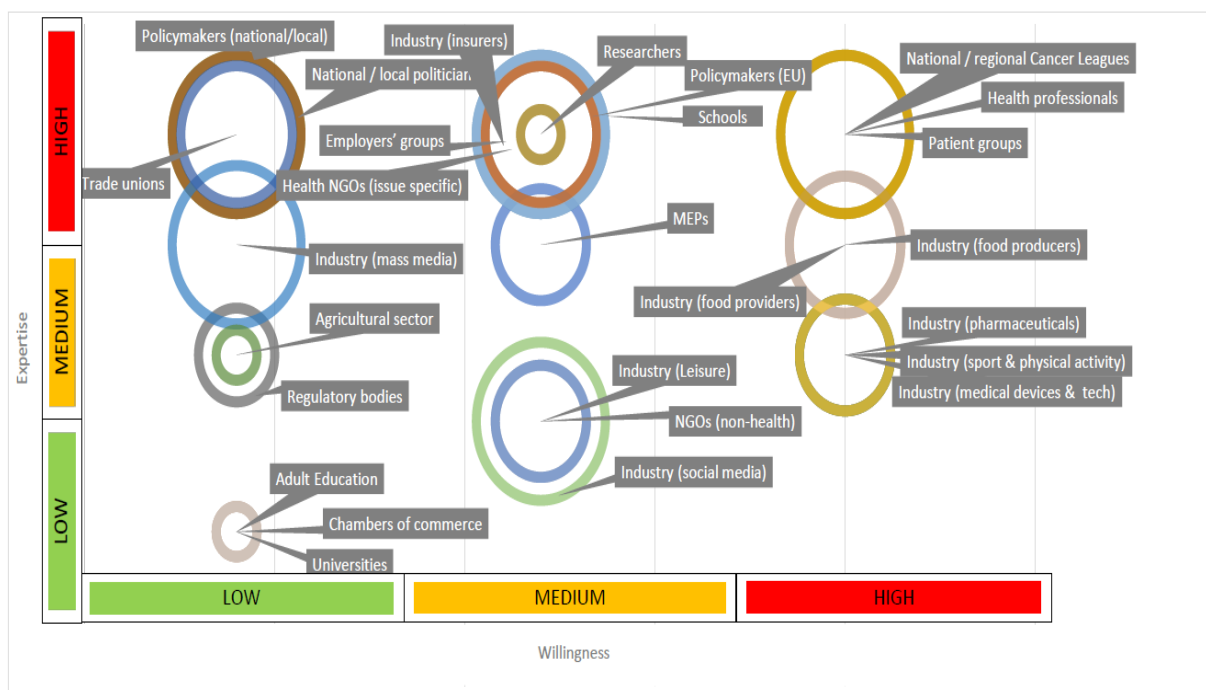
A brief stakeholder mapping exercise was conducted in order to establish the relevant sectors and potential key stakeholders for the dissemination of the European Code Against Cancer.

27 stakeholder groups were identified, and then ranked (on a scale of low, medium, and high) according to their perceived levels of contribution, legitimacy, willingness to engage, influence and necessity of involvement (see *annex 1* for the full results).

*Figure 1* presents the findings of this exercise as a bubble chart. The most relevant stakeholders are those in the upper right hand quadrant, with the least relevant stakeholders residing in the lower left hand quadrant. The size of the circle for stakeholder is determined by their perceived level of influence.

*Figure 1: Stakeholder mapping exercise bubble chart*

European Code Against Cancer Dissemination – Stakeholder Mapping Bubble Chart



The findings of this exercise indicate that the key stakeholders for the communication of the Code are: national and regional cancer leagues; health professionals; and patient groups.

Policymakers at various levels of governance rank highly in terms of influence and expertise, but will require greater effort to persuade that they could and should be engaged in this process.

Conversely, a variety of industry stakeholders are perceived to be very willing to collaborate, and possess significant influence, however the manner in which this willingness aligns with the economic imperative for such stakeholders must be addressed on a case-by-case basis in order to avoid possible conflict of interests and ethical problems.

The results of this exercise also indicate that educational settings, especially schools, and groups representing employers are key stakeholders, but may be less forthcoming in desire to collaborate on disseminating the Code. Consequently, targeted action is likely to be required in order to encourage their active cooperation.

## 3.2 Survey

The public research and polling company 'YouGov' were commissioned to perform an online survey to gauge the levels of awareness in the general population about the European Code Against Cancer and the messages contained therein.

The survey was performed in order to establish baseline data, derived from a representative population sample, on the name recognition of the Code itself and the general awareness of its recommendations. The survey was performed in 5 EU countries (Finland, France, Poland, Spain, and the UK) across two weeks, and yielded more than 6000 individual responses. The questions asked to participants can be found in *annex 2*.

The findings of the survey indicate that the awareness levels of the Code were fairly low amongst the respondents as just 10% of all respondents had previously heard of the Code. However, significant variation was evident in the levels of awareness according to country of residence: Poland reported the highest proportion of respondents who had heard of ECAC (17%), whilst the UK reported the lowest level of awareness from the five countries sampled (1%).

*Table 1* illustrates the responses to the question asking about prior knowledge of the Code broken down according to gender, age range, country of residence, and highest educational level achieved.



Table 1: Responses to Question "Before taking this survey, had you heard of the 'European Code Against Cancer'?"

	<b>Yes: I had heard of the European Code Against Cancer</b>	<b>No: I had NOT heard of the European Code Against Cancer</b>
<b>Gender</b>		
Male	11%	89%
Female	10%	90%
<b>Age</b>		
18 - 24	12%	88%
25 - 34	12%	88%
35 - 44	10%	90%
45 - 54	8%	92%
55+	10%	90%
<b>What is your highest level of education?</b>		
I did not complete secondary/ high school	10%	90%
High school or baccalaureate or A-levels	8%	92%
Professional qualification	11%	89%
Bachelor's degree or similar	11%	90%
Masters or Doctoral degree	12%	88%
<b>Country</b>		
UK	1%	99%
Finland	10%	90%
France	9%	91%
Poland	17%	83%
Spain	13%	87%
<b>Total</b>	<b>10%</b>	<b>90%</b>

No significant variation was reported according to gender, age or educational level (included as a proxy of socio-economic status). This indicates that the key variable in the awareness levels of the Code is country of residence, and the subsequent extent to which the Code is communicated at the national or regional levels.

Further surveys are necessary in order to determine the extent to which the general population incorporates the recommendations of the Code into their daily lives.





### 3.3 Questionnaire

In order to gather information on how cancer leagues are, or plan to, communicate the European Code Against cancer, a brief online questionnaire was disseminated amongst the cancer prevention leads from national and regional cancer leagues in Europe. The questionnaire also included general questions on cancer prevention actions, which were not specific to ECAC (see *annex 3* for an overview of the questions and full responses). From the 25 contacts invited to participate, 10 participated by responding to some basic information with 6 participants fully completing the questionnaire.

In terms of the target groups for prevention-focused activities of the cancer leagues, the most common groups identified were: policymakers (N.6); 'early middle age' group [31-49 years of age] (N.5); 'middle age' group [50-64] (N.5); 'older age' [65+] (N.5); and educators (N.5). This indicates that the prevention-focused activities of the leagues places a strong emphasis on groups who are responsible for both their own health and that of people within their care or responsibility e.g. parents and educators.

In terms of the European Code Against Cancer, the majority of respondents have communicated the current edition in some form (N.4 have; N.2 have not). Of the 4 respondents who had communicating the Code, only 1 responded that they had not communicated it in its entirety.

Respondents were also asked to identify the messages of the Code that were of most relevance to the prevention and health promotion work of their league. The most commonly selected messages were tobacco, healthy body weight, physical activity, diet, sun/UV exposure, and cancer screening (N.6). When asked to rank the messages in terms of their relative importance to the respective cancer leagues, the following were identified as the 'top four' messages of the code: tobacco, healthy body weight, sun/UV exposure, and cancer screening. The lowest ranking messages are alcohol, pollutants, and breastfeeding / HRT.

Finally, the respondents were asked their opinion on the familiarity of the general population with the European Code Against Cancer. The majority of respondents answered that the general population was either "not at all familiar" or "somewhat familiar" with the Code (N.5). No respondents indicated that they believed the population in their country was more than "somewhat familiar", echoing the results of the online awareness survey.

The low response rate entails that the results of this questionnaire do not possess a great level of significance with a high degree of selection bias towards those active in disseminating the Code. Nonetheless, the exercise was valuable for indicating possible trends amongst the cancer leagues, and verified to an extent the impression established in the online survey that the European Code Against Cancer has a fairly low awareness level amongst the general population.



## 4. Examples of national dissemination

Most cancer leagues have been highly active in using and promoting the European Code Against Cancer since the first edition was published in the late 1980s. This section focuses on examples gathered from a number of cancer leagues on how they have communicated the 4<sup>th</sup> edition of the European Code Against Cancer in practice.

### 4.1 Irish Cancer Society: case study

The Irish Cancer Society (ICS) was formed in 1963. Headquartered in Dublin, the Society is one of the largest funders of cancer research in Ireland, having invested more than €30 million from voluntary donations.

ICS focuses heavily on reducing the risk of cancer through promoting cancer prevention and early detection, alongside the provision of high-quality cancer care. This is achieved through their work in advocacy, providing cancer services, and supporting research.

A pilot site visit took place in November 2015 at the Irish Cancer Society in Dublin (the agenda of this site visit can be found in *annex 4*). ICS has been proactive in disseminating the 4<sup>th</sup> edition of the Code from the outset in late 2014, and so has in place significant experience of communicating the latest edition of the Code.

In addition, ICS was selected as the host of the pilot site visit as the Code was only officially available in the English language until September 2015, and so the experience of ICS could act as a reference point for cancer leagues operating in languages other than English.

*Table 2* illustrates the various means that ICS has explored to promote the 4<sup>th</sup> edition of the Code and related activities:

*Table 2: Examples of good practice from the Irish Cancer Society*

Product/Initiative	Description	Link
<b>Products</b>		
<b>Video</b>	60 second video explaining ECAC which was displayed in GP practices in Ireland.	<a href="https://www.youtube.com/watch?v=N5SyYB55uvM">https://www.youtube.com/watch?v=N5SyYB55uvM</a>
<b>Infographic</b>	Colourful and engaging pictorial representation of the 12 messages covered by the 4 <sup>th</sup> edition of the Code.	<a href="http://www.cancer.ie/sites/default/files/content-attachments/ics_12_ways_a3_web.pdf">http://www.cancer.ie/sites/default/files/content-attachments/ics_12_ways_a3_web.pdf</a>
<b>Promotional materials</b>	Information on ECAC (building on the design established for the infographic) is presented in bookmark, leaflet and poster form. Information on ECAC provided in some form across much of the literature produced by ICS.	<a href="http://www.cancer.ie/publications/reduce-your-risk#sthash.SCCCQRGI.dpbs">http://www.cancer.ie/publications/reduce-your-risk#sthash.SCCCQRGI.dpbs</a>
<b>Initiatives</b>		
<b>X-Hale</b>	A youth advocacy programme	<a href="http://www.cancer.ie/prevention/X-HALE">http://www.cancer.ie/prevention/X-HALE</a>



	highlighting awareness of the dangers of smoking.	
<b>We Can Quit</b>	A group based smoking cessation service for young women in disadvantaged areas.	<a href="http://www.cancer.ie/we-can-quit">http://www.cancer.ie/we-can-quit</a>
<b>Fit for Work &amp; Life</b>	A community programme introducing healthy lifestyle and cancer prevention messages into employability programmes.	Not retrieved
<b>PREVENT</b>	A volunteer delivered community programme highlighting cancer prevention and early detection of Cancer.	<a href="http://www.cancer.ie/reduce-your-risk/prevent-programme#sthash.Jcai9F2A.dpbs">http://www.cancer.ie/reduce-your-risk/prevent-programme#sthash.Jcai9F2A.dpbs</a>
<b>SUNSMART</b>	Promoting awareness and action of measures designed to protect skin from UV exposure.	<a href="http://www.cancer.ie/reduce-your-risk/sunsmart">http://www.cancer.ie/reduce-your-risk/sunsmart</a>

## Conclusions

The Irish Cancer Society has a long tradition of promoting the messages of the European Code Against Cancer and using the Code to inform its prevention output. Yet it has only been with the 4<sup>th</sup> edition that ICS has communicated the Code in its entirety.

This can be attributed to the updated formulation of the messages of the 4<sup>th</sup> edition and the selection of 12 messages (as opposed to 11 in the previous edition). This allows for a clearer and more coherent set of recommendations, which are amenable to translation into visual products such as the ICS infographic.

The experience of presenting the Code via an infographic has been very favourable. This tool has been adapted into several formats and is recurrent in a number of the patient/citizen literature produced by ICS, in addition to being featured prominently on the ICS website.

The format of the infographic was later adopted by the cancer league in neighbouring Northern Ireland (Cancer Focus NI – see *Figure 2*) saving them precious time and resources in the process. The nature of the all-Ireland collaboration itself drew attention to the infographic, and highlights an effective way in which cancer leagues can share resources.

ICS has had success in prominently displaying their ECAC communication tools in various healthcare settings. The infographic can be found in various formats at the ICS's [Daffodil Centres](#), which provide cancer information, support and advice in local hospitals (*Figure 3*). Whilst the

Figure 2: Cancer Focus NI ECAC Infographic



information video explaining the Code in 60 seconds was screened in GP practices across the whole country.

Figure 3: Infographic presented at "Daffodil Centre" located in local general hospital, Dublin



These experiences have been positive in terms of their reach to broad cross-section of the general population. The next step is to integrate knowledge and awareness of the Code, and the practical application of its messages, into the curricula of health professionals and support workers.

ICS plans to build on this experience by taking the Code into community settings and schools. This may require some degree modification of the Code given that not all messages are relevant to every target group. Consequently, the experience of ICS has been to signify such changes to the presentation or phrasing of the Code with the disclaimer: 'based on the European Code Against Cancer'.

Whilst the successes of ICS in communicating the Code as comprehensive package have been notable, challenges still remain. The 12 messages of the Code represent a fairly large degree of information that can be difficult to process effectively in a short space of time.

For example, in the information literature on specific site cancers, it is challenging to reference all messages without losing focus from the main purpose of such materials.

Nonetheless, the experience of the Irish Cancer Society demonstrates an effective way in which the Code can be attractively presented and featured in important locations (such as healthcare settings), and the potential for transferability to other cancer leagues.

## 4.2 National examples

This section brings together examples from various national and regional cancer leagues demonstrating how they have communicated the current edition of the Code. The examples are presented according to the modality of the dissemination material or event.



This report is the result of an activity that has received funding under an operating grant (number: 671365) from the European Union's Third Health Programme (2014-2020). The views expressed in this report do not necessarily reflect the official views of the EU institutions.

Other cancer societies have adopted slightly different approaches to the visual representation of the Code. Cancer Research UK presents the messages of the Code in a fashion that indicates the impact on cancer risk (see *Figure 6*).

Figure 6: Cancer Research UK Infographic

## Video

In 2015, the Portuguese League Against Cancer launched the “Health VOX POP” project, which aims to increase health literacy, exploring misconceptions about cancer.

Based upon the messages contained within the 4th edition of the European Code against Cancer, the VOX POP project aims to address the health literacy gap between different ages and socio-economic and cultural levels.

A 30 minute documentary was commissioned in support of this project, presenting the contrast between what people believe, and often misunderstand when it comes to cancer prevention, and the scientific evidence as presented in the 4<sup>th</sup> edition of the European Code Against Cancer. The issues raised in this video are then followed up and explored in depth via an interactive workshop coordinated by the league.

A trailer for the video can be viewed at: <https://vimeo.com/127725395>.



## Campaigns and policy translation

Alongside promotional products and materials, the European Code Against Cancer has also been communicated through awareness-raising campaigns, community-based programmes, and policy papers designed to influence governmental action.

The Danish Cancer Society, for example, has implemented a wide range of public health campaigns that are influenced directly by the messages of the Code. One such example is the “cool without smoke” (*Cool Uden Røg*) campaign, which is aimed at adolescents and attempts to draw their attention to how cigarette smoking is made to appear cool and desirable in various media.



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The campaign uses a number of well-known Danish celebrities photographed in highly stylised situations, mimicking the style commonly seen in fashion photography. The images are composed

Figure 7: Cool Uden Røg poster



in such a way that the viewer would expect that the celebrity is holding a cigarette, but on closer inspection it is in fact a lollipop (see Figure 7). The intention is to show how depictions in the media can influence our perspectives as to what is considered cool and desirable. This campaign, therefore, allows the target group to challenge their preconceptions about the allure of cigarettes.

Although this campaign does not overtly reference ECAC, initiatives such as this are built upon the evidence that was collected in support of the updating the present version of the Code.

This is also the case for the policy translation work undertaken by cancer leagues. Here again, the Danish Cancer Society have used the messages and evidence of the Code to develop supportive policy recommendations. For example, the Society has been working constructively to advocate for the introduction of calorie labelling, in particular in fast food chains in Denmark.

Menu labelling is a way to inform customers of calorific content of food, beverages or a complete meal, in order to prevent obesity by promoting the choice of foods and beverages with less calories.

During this process, the Danish Cancer Society has worked in collaboration with the Danish Heart Association, the Danish Diabetes Association and the Danish Consumer Council to develop recommendations for fast food chains to calorie label the products sold on their premises. This is a positive example of how different disease specific groups can work collaboratively to tackle the common risk factors and social determinants contributing to the increasing chronic disease burden.

In this respect, the Code serves as an inspirational call to action for all groups and organisations focused on addressing the main lifestyle risk factors for ill health and chronic disease.

## 5. Workshop outcomes

Several workshops were held during 2015 focusing on the dissemination of the European Code Against Cancer. The purpose of these workshops was to exchange experiences amongst peers active in cancer prevention. This included the cancer prevention leads and nominated representatives of national and regional cancer leagues from across Europe, along with invited experts and stakeholders.

In addition, the first annual workshop of the 'youth ambassadors' programme was convened in order to give a voice to representatives of a key target group for communicating the Code.

This section will provide a brief overview of the topics discussed, and main findings from each of the workshops. Further details on the agenda and participants can be found in the annexes to this report.

### 5.1 ECAC dissemination workshop: Luxembourg, April 2015

The first ECAC dissemination workshop was on 13 April 2015 in Luxembourg (see *annex 5* for the agenda and list of participants).

The main focus of this workshop was to review the situation in regards to the official translations of the Code, and share initial experiences in communicating the Code.

The key messages from the workshop were:

- ECAC recommendations are “one size fits all”, as they are relevant to all European citizens and backed by strong scientific evidence. If omissions or change are made when communicating the Code in the national context, a disclaimer should be added indicating that it is “based on the European Code Against Cancer”;
- The Q&A section of the IARC Code website is an important complement to the 4<sup>th</sup> edition of the Code and a useful tool to assist the communication of the Code at the national level. Cancer leagues should consider harvesting examples and information from this source once the official translations come online in early 2016;
- When communicating the Code, especially via social media, it is important to alternate and vary the specific messages that are being communicated. This process is aided by the regularity of various cancer awareness days, weeks, and months, taking place across the calendar year;
- Cancer leagues should be aware of the agendas and activities of groups focused on other chronic and non-communicable diseases, e.g. diabetes. This can assist with the preparation and appropriate timing of Code communication activities;





- Cancer leagues should use ECAC as a basis for informing policymaking, for example, by advocating for greater attention to cancer prevention in their respective National Cancer Control Plans. For this reason, the 4<sup>th</sup> edition of the Code comes with the disclaimer that “successful cancer prevention requires ... individual actions to be supported by governmental policies and actions”;
- Health professionals are a crucial stakeholder for effective dissemination of the Code, but this must be applied broadly to include all clinical staff and not just medical doctors. Knowledge and application of the Code should be included in graduate and continuing education for nurses, physicians and other health professionals;
- Finally, activities should be based upon evidence, as some methods to promote the Code might look promising but may not have been proven effective. Leagues are encouraged to carefully think activities through and be mindful that one-off events, which may make a short-term impact, could be difficult to sustain and possibly counter-productive to longer term approaches. Leagues are encouraged to share what has not worked in order to help other cancer leagues avoid similar difficulties.

## 5.2 *Youth Ambassadors workshop: Brno, May 2015*

During 2015, ECL established a new initiative entitled the Youth Ambassadors for cancer prevention programme (hereafter, the “Youth Ambassadors” programme). The Youth Ambassadors programme seeks to gather highly motivated young people, aged 18-30, who are passionate about preventing cancer and want to share this enthusiasm with their peers across Europe.

As part of the European Week Against Cancer, held annually between 25 and 31 May, ECL organised the inaugural Youth Ambassadors for Cancer Prevention workshop, which was held under the auspices of the 4th Colorectal Cancer Days hosted by Dr Pavel Poc MEP in Brno, Czech Republic (see *annex 6* for the agenda and list of participants).

The workshop focused specifically on the dissemination of the European Code Against Cancer to the target population of young people. The recommendations from this workshop were:

- Recommendation 1 - **Be active! Harness social media.**

In order to reach young people when disseminating the European Code Against Cancer, **it is vital to make full use of the power of the social media**, capitalising on physical and virtual social networks in the process. Social media communication must build and sustain a following by tweeting, re-tweeting, commenting and posting regularly. Therefore, establish a content plan mapping out clearly the materials and frequency of your activity.



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- Recommendation 2 – **Be interactive! Use participatory tools.**

The concept of ‘*gamification*’ is crucial, as this engenders a participatory approach, and can be an effective way to communicate health promotion messages, thereby encouraging behaviour change. Additionally, crowdsourcing for ideas and approaches can be an effective way to bring in youth to discuss health promotion and cancer prevention on an equal footing, as opposed to being passive recipients of information.

- Recommendation 3 – **Be visual! Make the most of images and photography.**

Understand the power of the image and develop a marketing strategy. Brand identity is very important, and so the development of a distinctive logo is a good idea. Also, young people are increasingly using their social network profiles to share and view visual media, so don’t be afraid to go beyond simple text when communicating the Code!

- Recommendation 4 – **Be social! Understand the power of peer pressure.**

Make use of social networks to leverage peer pressure that can result in positive behavioural change. Learn from what people in other industries have achieved in this respect. Peer influence is both a key challenge and opportunity, especially amongst pre-teens, as it offers the chance to influence long-term habits. Therefore, communication of the Code to young people should emphasise group dynamics rather than focussing narrowly on individuals.

- Recommendation 5 – **Finally, beware of information overload!**

Today’s youth are bombarded by information from online sources on a daily basis. Therefore, think carefully about how to stand out from the crowd and not succumb to the ephemeral nature of social media. Highlight the unique characteristics of the Code, focussing on the European dimension and reliability of the recommendations that are based on sound science.

### 5.3 **ECAC dissemination workshop: Belfast, November 2015**

The second ECAC dissemination workshop was held in Belfast, Northern Ireland, on 12 November 2015 (see *annex 7* for the agenda and list of participants). The topic of this workshop was the role of websites as the primary communication hub for cancer prevention material and how to improve the ranking of such websites in popular online search engines.

The context of the workshop was introduced by Satu Lipponen, Director of Communications and Foresight at Cancer Society of Finland, who presented the framework of the role of websites in online communications. Gerry McElwee, Head of Cancer Prevention at Cancer Focus Northern



Ireland, then presented examples of online communications delivered by Cancer Focus Northern Ireland.

Following this, Barry Adams, CEO of the leading Search Engine Optimisation (SEO) company *PolemicDigital.com*, elaborated on the context by providing a masterclass on the use of websites as a central communication tool and the art of SEO.

The key messages of the workshop were:

- **Have a strong call to action on your web pages** – don't automatically assume that people know what to do on your website and how to find what they are looking for. Make it easy for visitors to understand what they are viewing on your web pages and to easily get the content that you want to be viewed;
- **SEO is not just for Google, it is for people** – the principles of SEO are based on the idea that the most relevant and trusted pages should be the easiest to find for the user. But remember that search engines rank pages and not sites. Therefore, it is important have internal consistency of the website's organisation, with clear signposting that allows for a smooth journey for website visitors;
- **Know what your target audience wants** – do not fall into the trap of projecting your own internal issues onto the website as this may confuse the experience of the website visitor. Remember that the website is there for external visitors and so ensure that it is tailored to the needs of your target audience. If you have few resources, simply ask friends and family to navigate your website and see if they can find certain key pieces of information;
- **Earn the links to your pages** – web pages are ranked by a complex system that takes into account the number of trusted links that are directed towards web pages. It is therefore important to earn the links (especially of trusted, high-value websites) towards your web pages. In this respect, cancer leagues are in a strong position given the inherent trust value cancer societies in Europe possess;
- **Engage: don't be tone deaf** – it is vital the websites are responsive and are actively linked to other communication platforms. Social media, in particular, is a strong ally and not a competitor to websites as a communication tool. However, it is essential to engage with the audience and not to shy away from potential controversy: constructive criticisms is always useful and should be properly acknowledged;
- **Be fresh and mobile friendly** - more and more people are having their online experience through mobile devices. It is therefore imperative that websites are optimised to be easily viewed on such devices, especially as this now directly affects search engine rankings. This illustrates the need to stay up-to-date with technological trends. However, be aware of following trends without analysing its impact or utility value; for example, do not simply develop a mobile app because it is new and fashionable: remember to think about the needs, expectations and behaviour of your target audience first, and discover whether such a tool is needed.



## 5.4 ECAC dissemination workshop: teleconference, December 2015

The final workshop of 2015 was conducted by teleconference and took place on Monday 7 December 2015 (see *annex 8* for the agenda and list of participants).

The objective of the teleconference was to provide an overview of the work performed in 2015, and to receive feedback on the emerging findings and recommendations on disseminating the European Code Against Cancer.

Reflecting on the activities and experiences of 2015, the key messages from the discussion were:

- The approach to disseminating ECAC should be general, as opposed to stratified according to defined target groups, because the 4<sup>th</sup> edition of the Code is still relatively new (especially in languages other than English). The emphasis should, therefore, be on broad dissemination, which becomes progressively more niche over time;
- The targeted approach to disseminating the Code amongst young people should be continued. The youth ambassadors group is a good initiative to facilitating this, but greater efforts should be made to engage them in developing the specific activities during the coming years;
- Social media is a cost-effective tool for the dissemination of the Code and efforts to disseminate the Code via this medium should be stepped up in 2016. Social media is especially useful for reaching younger people, which further highlights the importance of making the most of social media;
- It is important to target health professionals, with a particular emphasis on those in training. Ensuring that health professionals are familiar with the Code will allow for a broader and deeper dissemination of the Code;
- An early-warning mechanism should be put in place to alert cancer leagues, in a timely manner, of upcoming events and potential newsworthy items that are relevant to the Code and its messages. The example of the recent news coverage of the carcinogenic classifications of red and processed meat was highlighted as an instance in which it would be helpful to have advanced intelligence in order to prepare cancer leagues for the subsequent queries from the media and general public;
- Much greater use of the European Week Against Cancer should be made in future years, and could include a return to setting specific themes each year: themes could be chosen in relation to the messages of the Code. A central event or conference would be appreciated as a way to bind together disparate actions taking place across Europe.



## 6. Conclusion

The activities performed in 2015 have proved useful for connecting peers in cancer leagues across Europe, sharing experiences of disseminating the current and previous versions of the Code, and establishing the way forward for improved dissemination of ECAC during the coming years.

As a result, the following recommendations have been made for cancer leagues seeking to disseminate the 4<sup>th</sup> edition of the European Code Against Cancer at the national level:

- **Adopt a general approach to dissemination at first in order to draw attention to the European Code Against Cancer.** The online survey commissioned by ECL suggests that public awareness of the Code is relatively low. Therefore, initial dissemination should be targeted at a general audience, becoming more specific to certain target groups over time;
- **Health professionals are a priority sector for spreading and amplifying the messages of the Code.** The dissemination of the Code and subsequent adoption of its messages will be greatly enhanced if the Code is well known and endorsed by health professionals. Special effort should be made to raise awareness of the Code amongst health professionals in training;
- **When appropriate, the Code should be communicated as a comprehensive package of recommendations: if modifying or adapting the messages of the Code in your dissemination, use the disclaimer “based upon the 4<sup>th</sup> edition of the European Code Against Cancer”.** Some messages of the Code may not be applicable to some regions or countries, nor in communication to specific age groups or genders. When any modification of the Code from the official language versions is made, use of the disclaimer will draw attention to this fact;
- **Social media should be embraced as it is an effective tool for reaching a wide audience, especially younger age groups.** Social media offers many creative and cost-effective routes to reaching the population. When communicating the Code make use of this creative potential by developing to engage with the public through interactive content and activities;
- **Explore ways to present the Code is a visually appealing way through infographics and short videos.** Visual communication, through videos and infographics, are a simple and memorable way to communicate some of the complex information contained within the Code. Use of these techniques by cancer leagues has indicated that they are effective;
- **Don't forget the link to policy.** The 4<sup>th</sup> edition of the Code contains an important footnote about the necessity of governmental policies to support the individual's ability to act upon the recommendations of the Code. It is important that cancer leagues maintain a dual focus on disseminating the Code to individuals at the population level, whilst also arguing for supportive actions at the policy level.



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Several recommendations were proposed specifically for ECL with the aim of improving the coordination of activities in 2016 and beyond. This included:

- Provision of **early warning to cancer leagues** of relevant news items and events, such as the forthcoming translation into EU languages of the ECAC “questions and answers” package;
- **Making the most of the European Week Against Cancer** in order to boost the profile and general awareness of ECAC;
- **Continue the ongoing activities to connect peers** from cancer leagues in order to share experiences of what has worked, and what hasn’t, when it comes to disseminating the Code.

This feedback will be taken into account and implemented by ECL in 2016, and a comprehensive overview of subsequent activities will be presented in early 2017.



## Annex 1: Results of Stakeholder Mapping exercise

	Stakeholder	EXPERTISE		WILLINGNESS	VALUE		Score
		Contribution	Legitimacy	Willingness to engage	Influence	Necessity of involvement	
1	National / regional Cancer Leagues	HIGH	HIGH	HIGH	HIGH	HIGH	20
2	Health NGOs (issue specific)	HIGH	HIGH	MEDIUM	MEDIUM	HIGH	15
3	NGOs (non-health)	MEDIUM	LOW	MEDIUM	MEDIUM	MEDIUM	10
4	Patient groups	HIGH	HIGH	HIGH	HIGH	HIGH	20
5	MEPs	MEDIUM	HIGH	MEDIUM	MEDIUM	MEDIUM	10
6	National / local politicians	HIGH	HIGH	LOW	HIGH	HIGH	20
7	Policymakers (EU)	HIGH	HIGH	MEDIUM	HIGH	HIGH	20
8	Policymakers (national/local)	HIGH	HIGH	LOW	HIGH	HIGH	20
9	Regulatory bodies	MEDIUM	MEDIUM	LOW	MEDIUM	LOW	7
10	Researchers	HIGH	HIGH	MEDIUM	LOW	LOW	2
11	Industry (medical devices & tech)	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	10
12	Industry (pharmaceuticals)	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	10
13	Industry (insurers)	HIGH	HIGH	MEDIUM	HIGH	MEDIUM	15
14	Industry (food producers)	HIGH	MEDIUM	HIGH	HIGH	MEDIUM	15
15	Industry (food providers)	HIGH	MEDIUM	HIGH	HIGH	MEDIUM	15
16	Industry (sport & physical activity)	MEDIUM	MEDIUM	HIGH	MEDIUM	MEDIUM	10
17	Industry (Leisure)	LOW	MEDIUM	MEDIUM	MEDIUM	MEDIUM	10
18	Industry (social media)	MEDIUM	LOW	MEDIUM	HIGH	HIGH	20
19	Industry (mass media)	HIGH	MEDIUM	LOW	HIGH	HIGH	20
20	Employers' groups	HIGH	HIGH	MEDIUM	MEDIUM	HIGH	15
21	Chambers of commerce	LOW	LOW	LOW	LOW	LOW	2
22	Health professionals	HIGH	HIGH	HIGH	HIGH	HIGH	20
23	Trade unions	HIGH	HIGH	LOW	MEDIUM	HIGH	15
24	Agricultural sector	MEDIUM	MEDIUM	LOW	LOW	LOW	2
25	Schools	HIGH	HIGH	MEDIUM	HIGH	HIGH	20
26	Universities	LOW	LOW	LOW	LOW	LOW	2
27	Adult Education	LOW	LOW	LOW	LOW	LOW	2





## Annex 2: ECAC awareness survey questions and rationale for inclusion

	Question	Response	Rationale
1.	Thinking about all types of cancer today (e. g. lung, bowel, breast, prostate etc.), which one of the following is closest to the percentage of all types of cancer that you think can be prevented?	Respondents were offered a single choice of percentages in deciles (0%-100%), or they could indicate “don’t know”.	This question is designed to understand the perception of cancer prevention. The choice of responses in deciles allows for deeper analysis.
2.	Thinking generally about the risk of getting any type of cancer in the future, which one of the following best applies to you?	Respondents could choose one of the following: “I think people could reduce their risk ...”; “I don’t think people could reduce their risk ...”; or “don’t know”.	This question looks more at risk reduction, validating the previous question and acting as gateway for the following question.
3.	Thinking now about your risk of getting any type of cancer in the future, how likely, if at all, do you think you will be to ever make changes to your lifestyle in order to reduce your risk of getting cancer?	Respondents could choose one of the following: “very likely”; “fairly likely”; “not very likely”; “not at all likely”; “don’t know”.	This question focuses on the individual's intention to modify their lifestyle and is only asked to those answering affirmatively to the previous question.  This questions attempts to link general perceptions (previous questions) with individual intention.
4.	Before taking this survey, had you heard of the 'European Code Against Cancer'?	Respondents were offered a choice between: “Yes, I had” or “No, I hadn’t.”	This is key question of the survey and is restricted to “yes” or “no” response in order to provide greater certainty in the results



**Respondents were shown the Code in their national language after question 4.**

5.	Thinking about the 12 recommendations that you have just read from the European Code Against Cancer, have you learnt anything new about cancer prevention as a result of reading these?	Respondents were offered a single choice: “Yes, I have”; “No, I haven’t”; or “don’t know”.	This question tries to gauge the educational value of the Code, which links to the primary objective of communicating ECAC.
6.	How likely, if at all, are you to make changes to your lifestyle as a result of reading the European Code Against Cancer?	Respondents could choose one of the following: “very likely”; “fairly likely”; “not very likely”; “not at all likely”; “don’t know”.	This question attempts to assess the value of the Code as a behaviour change tool, which is a further objective of communicating ECAC.



### **Annex 3: Cancer Prevention Questionnaire**

*Please find overleaf the questions and corresponding responses that were provided to the ECL cancer prevention questionnaire (pp. 26-33).*



### 1. About you

Answer Options	Response Percent	Response Count
Name	100.0%	6
Organisation	100.0%	6
Position	100.0%	6
Email address	100.0%	6
<i>answered question</i>		<b>6</b>
<i>skipped question</i>		<b>4</b>

### 2. Does your organisation cover a national or regional population?

Answer Options	Response Percent	Response Count
National	71.4%	5
Regional	14.3%	1
Both	14.3%	1
<i>answered question</i>		<b>7</b>
<i>skipped question</i>		<b>3</b>

### 3. Does your organisation work across national borders?

Answer Options	Response Percent	Response Count
Yes	33.3%	2
No	66.7%	4
(optional) if you answered 'yes', please provide details ...		2
<i>answered question</i>		<b>6</b>
<i>skipped question</i>		<b>4</b>



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#### 4. Does your organisation have an annual / multi-annual strategic plan?

Answer Options	Response Percent	Response Count
Yes	100.0%	6
No	0.0%	0
Don't know	0.0%	0
(optional) comments:		1
<i>answered question</i>		<b>6</b>
<i>skipped question</i>		<b>4</b>

#### 5. Are cancer prevention or health promotion mentioned in this plan?

Answer Options	Response Percent	Response Count
Yes	100.0%	6
No	0.0%	0
(optional) if you answered 'yes', please provide details ...		2
<i>answered question</i>		<b>6</b>
<i>skipped question</i>		<b>4</b>



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**6. Does your organisation actively work in cancer prevention or health promotion?**

Answer Options	Response Percent	Response Count
Yes	100.0%	10
No	0.0%	0
<i>answered question</i>		<b>10</b>
<i>skipped question</i>		<b>0</b>

**7. Roughly speaking, how many people are dedicated to working in cancer prevention and/or health promotion activities?**

Number

Answer Options	0	1-5	6-10	11-20	21-50	51-100	101-250	251-500	501-999	1000+	Response Count
Members of staff	0	3	1	2	0	0	0	0	0	0	6
Volunteers	0	0	0	1	2	0	0	0	0	0	3
Other (e.g. PhD associates, etc.)	1	1	0	0	1	0	0	0	0	0	3

											Question Totals
(optional) comments:											4
<i>answered question</i>											<b>6</b>
<i>skipped question</i>											<b>4</b>



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**8. Which target groups does your organisation focus on in its prevention-oriented work?  
Check all that apply.**

Answer Options	Response Percent	Response Count
Early years - aged 0-5	50.0%	3
School age - aged 6-13	66.7%	4
High school age - aged 14-18	66.7%	4
Young people - aged 19-30	66.7%	4
Early middle age - 31-49	83.3%	5
Middle age - aged 50-64	83.3%	5
Older age - aged 65+	83.3%	5
Vulnerable groups	33.3%	2
High risk groups	66.7%	4
Health professionals	66.7%	4
Educators	83.3%	5
Policymakers	100.0%	6
Industry / employers	50.0%	3
Trade unions	0.0%	0
Community groups	33.3%	2
Other NGOs	50.0%	3
Media organisations	66.7%	4
Academia	16.7%	1
Others (please specify)		0
<b><i>answered question</i></b>		<b>6</b>
<b><i>skipped question</i></b>		<b>4</b>



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**9. Does your organisation address issues of socio-economic inequalities within its prevention-focused work?**

Answer Options	Response Percent	Response Count
Yes	50.0%	3
No	33.3%	2
Don't know	16.7%	1
(optional) please provide examples ...		3
<i>answered question</i>		<b>6</b>
<i>skipped question</i>		<b>4</b>

**10. What are the main communication tools that your organisation uses in its prevention-focused work? Check all that apply.**

Answer Options	Response Percent	Response Count
Printed materials e.g. leaflets	83.3%	5
TV / Radio / newspaper advertisements	83.3%	5
Paid-for online advertisements	50.0%	3
Roadshows / public exhibitions	50.0%	3
Website/s	83.3%	5
Facebook	83.3%	5
Twitter	66.7%	4
Youtube	66.7%	4
Others (specify in comments box)	16.7%	1
(optional) comments:		2



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<i>answered question</i>	6
<i>skipped question</i>	4

11. Listed below are the categories of the individual recommendations from the 4th edition of the European Code Against Cancer. Please check all those that are the relevant to your organisation's cancer prevention work.

Answer Options	Response Percent	Response Count
TOBACCO	100.0%	6
SECOND-HAND SMOKE	83.3%	5
HEALTHY BODY WEIGHT	100.0%	6
PHYSICAL ACTIVITY	100.0%	6
DIET	100.0%	6
ALCOHOL	83.3%	5
SUN/UV EXPOSURE	100.0%	6
POLLUTANTS	66.7%	4
RADIATION	66.7%	4
BREASTFEEDING HORMONE REPLACEMENT THERAPY	50.0%	3
VACCINATION	66.7%	4
SCREENING	83.3%	5
	100.0%	6
<i>answered question</i>		6
<i>skipped question</i>		4



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12. Please rank the categories in order of priority to your organisation's cancer prevention work - for example #1 represents the 'highest priority.'

Answer Options	1	2	3	4	5	6	7	8	9	10	11	12	13	Rating Average	Response Count
TOBACCO	3	1	0	1	0	0	0	0	0	0	0	0	0	1.80	5
SECOND-HAND SMOKE	1	2	0	0	0	0	1	0	0	1	0	0	0	4.40	5
HEALTHY BODY WEIGHT	0	2	0	0	1	0	0	0	0	0	0	0	0	3.00	3
PHYSICAL ACTIVITY	1	0	0	0	0	1	1	0	0	0	0	0	0	4.67	3
DIET	0	0	1	0	1	1	0	0	0	0	0	0	0	4.67	3
ALCOHOL	0	0	0	1	0	0	0	1	0	0	0	0	1	8.33	3
SUN/UV EXPOSURE	0	0	2	1	1	0	0	0	0	0	0	0	0	3.75	4
POLLUTANTS	0	0	0	1	0	0	0	1	0	1	0	0	1	8.75	4
RADIATION	0	1	0	0	0	0	0	0	2	0	1	0	0	7.75	4
BREASTFEEDING	0	0	0	0	0	0	0	1	0	1	0	0	1	10.33	3
HORMONE REPLACEMENT THERAPY	0	0	0	0	0	0	0	0	0	0	2	1	0	11.33	3
VACCINATION	0	0	1	0	1	0	0	0	1	0	0	2	0	8.20	5
SCREENING	1	0	2	1	0	1	1	0	0	0	0	0	0	4.00	6
<i>answered question</i>															6
<i>skipped question</i>															4



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		strategy	
12:00 – 13:00	Interview with cancer prevention specialist / ECL contact point	Kevin O' Hagan Joan Kelly	Front 45
13:00 – 13:30	Discussion of planned European Code Against Cancer activities 2016 Feedback and concluding remarks		Front 45
13:30 – 14:00	Lunch		
14:00 – 14:30	Tour	Joan Kelly Daffodil Centre	TBC



## Annex 5: ECAC dissemination workshop: Luxembourg, April 2015 – agenda & list of participants

Date: 13 April 2015 (9:30 to 16:30)

Venue: European Commission, HITEC building, room 02/280, 11, Rue Eugène Ruppert,  
L-2557 Luxembourg/Gasperich

### Agenda

9:30 - 9:50	<b>Welcome by ECL and the European Commission; Introductions</b>
09:50 – 12:00	<p><b>Translation of the new European Code Against Cancer 2014, 4<sup>th</sup> Revision</b></p> <p><i>Co-Chairs: Maria Stella de Sabata, ECL and Carolina Espina, IARC</i></p> <p>Overview of the consensus process; guidelines for reviewing translations</p> <p><i>Joachim Schüz, IARC</i></p> <p>Feedback on translation from Cancer Leagues – common issues, specific issues</p> <p><i>All Leagues present; audio connection for remote participation</i></p> <p>Feedback from Leagues having already translated the Code, e.g. Slovenia, Hungary</p> <p>Harmonizing official/"scientific" language with effective public health messaging</p>
12:00 – 13:00	<i>Lunch Break</i>
13:00 – 15:00	<p><b>Dissemination issues: getting the message out</b></p> <p><i>Co-Chairs: Maria Stella de Sabata, ECL and Jane Wardle, CRUK/IARC</i></p> <p>General messaging and audience segmentation (e.g. youth; marginalised, etc)</p> <p><i>Krzysztof Przewozniak, Cancer Centre, Poland</i></p> <p>Best practice and lesson learned from the previous Code version and/or other campaigns; Social media (Facebook, Twitter)</p> <p><i>All Leagues present; audio connection for remote participation</i></p>



	<p>Dissemination by other relevant organisations (e.g. risk-factor specific; public health)</p> <p>Relevant calendar events (e.g. European week; national cancer days/weeks; other risk factor days e.g. tobacco, diabetes etc)</p> <p>League Actions (ECL Contracts: Translations, Development of Materials, Activities)</p> <p>European Code website(s): <a href="http://www.cancercode.eu">www.cancercode.eu</a>; <a href="http://codeagainstcancer.eu">codeagainstcancer.eu</a>; <a href="http://codeagainstcancer.org">codeagainstcancer.org</a></p> <p><i>Wendy Yared, ECL and Jerica Zupan, JRC</i></p> <p>Monitoring and evaluation: baseline Code awareness survey; Monitoring and Evaluation plans</p>
15:00– 16:00	<b>Dissemination issues: coping with pressure from interest groups/ industries</b>
16:00 – 16:30	<p><b>Dissemination: the way forward</b></p> <p>Agenda items for next Workshop (Thursday 12 Nov 10:00 – 13:00, alongside ECL Annual Conference, Belfast)</p>

## List of Participants

First Name	Last Name	Organisation	Position
Brigitte	<b>Boonen</b>	Belgian Cancer Foundation	Expert Skin Cancer Prevention
Laura	<b>Bratikaite</b>	Lithuanian Cancer Patient Coalition (POLA)	Board Member
Catherine	<b>Castledine</b>	Cancer Research UK	EU Public Affairs Manager
Cristiana	<b>Fonseca</b>	Portuguese League Against Cancer - Northern Branch	Health Education Coordinator
Katja	<b>Järm</b>	Institute of Oncology Ljubljana / Association of Slovenian Cancer Societies	Public health specialist
Audur	<b>Johannsdottir</b>	The Icelandic Cancer Society	Registered Nurse
Gerard	<b>McElwee</b>	Cancer Focus Northern Ireland	Head of Cancer Prevention
Eeva	<b>Ollila</b>	Cancer Society of Finland	CMO, health Promotion
Jørgen Helge	<b>Olsen</b>	Danish Cancer Research Center /Danish Cancer Society	Research Director
Krzysztof	<b>Przewozniak</b>	Cancer Center & Institute of Oncology	Deputy Director



Tim	<b>Rombouts</b>	Dutch Cancer Society	Advisor External Affairs
Lucienne	<b>Thommes</b>	Fondation Cancer Luxembourg	Head of information department
Bilgehan	<b>Yalcin</b>	Turkish Association for Cancer Research and Control	Board Member
<b>Audio Connection</b>			
Lucia	<b>Budakova</b>	Slovakian League Against Cancer	Programme Manager
Miriam	<b>Dalmas</b>	Ministry for Energy and Health, Malta	Consultant, Public Health Medicine
Ana	<b>Fernandez-Marcos</b>	Asociacion Española Contra el Cancer (AECC), Spain	Director of Institutional Affairs
Ulrike	<b>Helbig</b>	Deutsche Krebsgesellschaft	Manager
Clara	<b>Rosas</b>	Federacion Catalana Entitats contra el Cancer (FECEC), Spain	Manager
<b>European Commission</b>			
Michael	<b>Hübel</b>	European Commission / DG for Health and Food Safety	Head of Unit, Health Programme and Disease
Isabell	<b>Ladiges</b>	European Commission / DG for Health and Food Safety	Policy Officer
Anne-Marie	<b>Yazbeck</b>	European Commission / CHAFEA	Scientific Project Officer
Jerica	<b>Zupan</b>	European Commission / JRC	Scientific Officer
<b>IARC</b>			
Carolina	<b>Espina</b>	IARC	Scientist
Joachim	<b>Schüz</b>	IARC	Head of Environment & Radiation Section
Jane	<b>Wardle</b>	IARC/ University College London	Chair of the Code Communication Committee / Professor of Clinical Psychology
<b>ECL</b>			
Stella	<b>de Sabata</b>	European Cancer Leagues	Code Consultant
Wendy	<b>Yared</b>	European Cancer Leagues	Director



## Annex 6: Youth Ambassadors workshop: Brno, May 2015 – agenda & list of participants

Date: 29 May 2015  
Venue: Brno, Czech Republic

### Agenda

**12:00** Registration and Lunch

**13:00** **Welcome and introductions Welcome from Colorectal Cancer Days Organisers**

*Dr Pavel Poc MEP*

**Welcome from local League Against Cancer**

*Dr Iva Kurcovà, Vice President, League Against Cancer Prague*

**Introduction to the Youth Ambassador concept**

*Dr Wendy Yared, Director, ECL*

**13:30 Introduction to the workshop**

*David Ritchie, Senior Cancer Control Officer, ECL*

**Participant profiles**

*Julie Perain, Stagiaire, ECL*

**13:50** **Section 1: National Dissemination Ideas and Examples**

**Good practice examples from the Czech Republic**

*Dr Iva Kurcovà, League Against Cancer Prague*

**Good practice examples from Flanders**

*Dr Luc Colemont, Stop Darmkanker Foundation, Flanders*



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## **Good practice examples from Poland**

*Dr Kinga Janik-Konieczna, Department of Epidemiology, Cancer Centre and Institute of Oncology*

14:20 Section 2: Targeting Age Groups

### **European Code Against Cancer: overview**

*Dr Carolina Espina Garcia, International Agency for Research on Cancer (IARC): video connection*

### **How to best reach the immigrant population to communicate cancer prevention**

*Deependra Singh, Youth Ambassador, Finland/Nepal*

### **How to reach children (under 12)**

*Wienke Voß, Youth Ambassador, Germany*

### **How to reach adolescents (age 12+), young adults (17+)**

*Karina Kopriva, Youth Ambassador, Romania*

15:10 Q&A

15:20 Break

15:35 Section 3: Physical Activity

### **Physical activity among children and peer-based incentives: results of a European Commission project**

*Dr Eugenia Polizzi di Sorrentino, Joint Research Centre, European Commission*

### **How does physical activity reduces the risk of developing cancer?**

*Helena Vučković, Youth Ambassador, Croatia*

### **How to increase physical activity in people everyday life**



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*Mari Heikkinen, Youth Ambassador, Finland*

## 16:15 Section 4: Pros and Cons of Communication Channels

### **Social Media and EU Joint Actions on Cancer**

*Tina Lipušček, CanCon Joint Action, National Institute of Public Health, Slovenia*

### **The pros and cons of communication channels in health promotion**

*Jelena Proskurina, Youth Ambassador, Latvia*

### **YouCan organisation and communication strategies**

*Lyndsey Connolly, Caoimhe O'Neill Forde, Youth Ambassadors, Ireland*

## 16:55 **Conclusions and Next Steps**

### **List of Participants – Youth Ambassadors**

<i>Name</i>	<i>Affiliation</i>	<i>Country</i>
<b>Andrija Ban</b>	Dental Students Association in Zagreb (USDm)	<b>Croatia</b>
<b>Mariami Beridze</b>	Youth for Public Health	<b>Republic of Georgia</b>
<b>Lyndsey Connolly</b>	YouCan (Affiliated with the Irish Cancer Society)	<b>Republic of Ireland</b>
<b>Lukas Galkus</b>	Lithuanian Medical Students' Association (LiMSA), Alcohol Policy Youth Network (APYN)	<b>Lithuania</b>
<b>Mari Heikkinen</b>	Savonia University of Applied Sciences	<b>Finland</b>
<b>Karina Kopriva</b>	Youth Cancer Europe - Dialogue and Cooperation Platform for young people with cancer, a project of the Little People Association Romania	<b>Romania</b>
<b>Even Landrö</b>	ACTIVE - Sobriety, Friendship and Peace	<b>Sweden</b>
<b>Caoimhe O'Neill Forde</b>	YouCan (Affiliated with the Irish Cancer Society)	<b>Republic of Ireland</b>



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<b>Jelena Proskurina</b>	ACTIVE - Sobriety, Friendship and Peace	<b>Latvia</b>
<b>Janet Raycheva</b>	Association of Medical Students in Bulgaria (AMSB)	<b>Bulgaria</b>
<b>Deependra Singh</b>	Finnish Cancer Registry and University of Tampere	<b>Finland</b>
<b>Miljana Stojanovska</b>	Macedonian Medical Students Association	<b>Republic of Macedonia</b>
<b>Wienke Voß</b>	Schleswig-Holsteinische Krebsgesellschaft e.V	<b>Germany</b>
<b>Helena Vučković</b>	Dental Students Association in Zagreb (USDМ)	<b>Croatia</b>



## Annex 7: ECAC dissemination workshop: Belfast, November 2015 – agenda & list of participants

Date: 12 November 2015

Venue: Belfast, Northern Ireland (UK)

### Agenda

08:45	<b>Registration</b>
09:00	<b>Welcome &amp; Introduction</b>
09:15	<b>Presentations:</b> <ol style="list-style-type: none"> <li>1. Using websites to communicate – S Lipponen, Cancer Society of Finland</li> <li>2. Experience from Cancer Focus NI – G McElwee, Cancer Focus Northern Ireland</li> <li>3. The Three Pillars of SEO – Barry Adams, SEO Expert, <a href="http://PolemicDigital.com">PolemicDigital.com</a></li> </ol>
<b>TEA/COFFEE BREAK (IN ROOM)</b>	
10:30	<b>Q &amp; A</b>  <b>Discussions</b>
11:30	<b>Conclusions</b>
11:50	<b>Dates, venues, and themes for future Workshop (2016)</b>



12:00	<b>Lunch</b>
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## List of Participants

Country / Region	Organisation	Title	Name	Family Name	Position
Belgium	Kom Op tegen Kanker	Mr	Marc	Michils	Director
Belgium	Foundation against Cancer	Ms	Anne	Boucquiau	Prevention Manager
Catalan	Catalan Federation of Entities against Cancer (FECEC)	Mr	Ramon-Maria	Miralles Pi	President
Catalan	Catalan Federation of Entities against Cancer (FECEC)	Ms	Clara	Rosas Sabe	Manager
Cyprus	The Cyprus Association of Cancer Patients and Friends	Mr	Nicolas	Philippou	General Manager
Czech Republic	League Against Cancer Prague	Mrs.	Iva	Kurcova	Vice Director
Denmark	Danish Cancer Society	Ms	Laila	Walther	Head of Department
Finland	Cancer Society of Finland	Mr.	Sakari	Karjalainen	Secretary General
France	French league against cancer	Ms	Jacqueline	Godet	Présidente
Germany	German Cancer Society	Dr.	Johannes	Bruns	Secretary General
Germany	German Cancer Society	Mr	Voß	Wienke	Contributor for projects and public relations
Hungary	Hungarian League Against Cancer	Dr.	Jolan	Demeter	Vice-President
Iceland	Icelandic Cancer Society	Ms	Ragnheidur	Haraldsdóttir	CEO



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Iceland	Icelandic Cancer Society	Ms	Sigrún Lillie	Magnúsdóttir	Manager of Counseling and Patient Support
Iceland	Icelandic Cancer Society	Ms	Lara	Sigurdardóttir	Doctor and Project manager/ Education and Prevention
Ireland	Irish Cancer Society	Mrs.	Joan	Kelly	Cancer Support Manager
Ireland	Irish Cancer Society	Ms	Niamh	Ní Shúilleabháin	Web Services Manager
Ireland	Irish Cancer Society	Mr	Robert	Saunders	Web Services Manager
Israel	Israel Cancer Association	Dr.	Avital	Pato Benari	Health Promotion Specialist
Luxemburg	Fondation Cancer Luxemburg	Mrs	Lucienne	Thommes	Head of the Information Dpt
The Netherlands	Dutch Cancer Society	Mr	Alrik	Meesen	Policy officer
Portugal	Portugal Cancer League	Prof	Vitor	Veloso	ECL Board Member
Portugal	Portugal Cancer League	Ms	Monick	Leal	Head of Volunteer Department
Portugal	Portugal Cancer League	Ms	Cristiana	Fonseca	Health Education Coordinator
Slovakia	League Against Cancer Slovakia	Ms	Lucia	Budacova	Project and Program Manager
Slovenia	Association of Slovenian Cancer Societies	Prof	Mateja	Krajc	Vice-President
United Kingdom	Cancer Focus Northern Ireland	Mrs	Roisin	Foster	Chief Executive Officer
United Kingdom	Cancer Focus Northern Ireland	Ms.	Liz	Atkinson	Head of Care Services
Guest	Polish Cancer League	Ms	Magdalena	Zmyslowska	Advisor to the Board



Guest	Health Promotion and Disease Prevention directorate, Malta	Mr.	Mario	Scicluna	Tobacco Dependency Support Officer
	ECL	Mrs	Wendy	Yared	Director
	ECL	Mrs	Ghislaine	Gerbier	Administrative Coordinator
	ECL	Mrs	Kate	O'Regan	Policy and Project Coordinator
	ECL	Mr	David	Ritchie	Senior Cancer Control Officer
Workshop Speaker	Cancer Focus Northern Ireland		Gerry	McElwee	Head of Cancer Prevention, Cancer Focus Northern Ireland
Workshop Speaker	Cancer Society of Finland		Satu	Lipponen	Director, communications and foresight
Workshop Speaker	Polemic Digital		Barry	Adams	Polemic Digital, Founder
Guest	Health Promotion and Disease Prevention directorate, Malta		Mario	Scicluna	Tobacco Dependency Support Officer



## Annex 8: ECAC dissemination workshop: Teleconference, December 2015 – agenda & list of participants

Date: 7 December 2015

Venue: Online via “Goto Meeting” teleconference service

### Agenda

14:00	<b>Introduction</b> (see powerpoint presentation)
	<ul style="list-style-type: none"> <li>The purpose of this meeting is report back on activities under the frame of ECL’s grant agreement with the European Commission to disseminate the European Code Against Cancer (ECAC) and to discuss plans for 2016.</li> </ul>
14:10	<b>Summary of 2015 activities</b>
	<ul style="list-style-type: none"> <li>Brief overview of the activities to support the dissemination of the European Code Against Cancer in 2015, including emerging findings and results.</li> </ul>
14:20	<b>Discussion</b>
	<ul style="list-style-type: none"> <li>Feedback from leagues on activities and emerging findings.</li> <li>Discussion of the gaps / challenges in promoting the Code at the national / local levels, identifying where the resources of ECL’s agreement with the EC could be put to best use.</li> </ul>
15:00	<b>European Week Against Cancer Conference – using ECAC to promote health and prevent cancer</b> (see draft programme)
	<ul style="list-style-type: none"> <li>Introduction of concept, preliminary date &amp; venue, and expected outcomes.</li> </ul>
15:20	<b>Cancer Leagues’ cancer prevention / health promotion activities in 2016</b>
	<ul style="list-style-type: none"> <li>Tour de table of participants on forthcoming health promotion / cancer prevention activities foreseen for 2016.</li> </ul>
16:00	<b>Planned ECL activities 2016</b>
	<ul style="list-style-type: none"> <li>Overview and discussion of the planned activities of the ECL secretariat to disseminate the Code in 2016</li> </ul>



## List of Participants

Country / Region	Organisation	Title	Name	Family Name	Position
Belgium	Foundation against Cancer	Ms	Anne	Boucquiau	Prevention Manager
Catalan	Catalan Federation of Entities against Cancer (FECEC)	Ms	Clara	Rosas Sabe	Manager
Denmark	Danish Cancer Society	Dr	Mikkel	Hyldebrandt Jensen	Head of Cancer Prevention Department
Finland	Cancer Society of Finland	Dr	Eeva	Ollila	Prevention Lead
Ireland	Irish Cancer Society	Mr	Kevin	O'Hagan	Prevention Lead
Israel	Israel Cancer Association	Dr.	Avital	Pato Benari	Health Promotion Specialist
Luxemburg	Fondation Cancer Luxembourg	Mrs	Lucienne	Thommes	Head of the Information Dpt
Portugal	Portugal Cancer League	Ms	Cristiana	Fonseca	Health Education Coordinator
	ECL	Mrs	Wendy	Yared	Director
	ECL	Mrs	Kate	O'Regan	Policy and Project Coordinator
	ECL	Mr	David	Ritchie	Senior Cancer Control Officer

