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Janet M. de Jesus, MS, RD
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

Re: Docket HHS-OASH-2024-0017, Comments on the Scientific Report of the 2025 Dietary Guidelines Advisory Committee

The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) appreciate the opportunity to comment on the scientific report of the 2025 Dietary Guidelines Advisory Committee (hereafter, the DGAC Report). Overall, we strongly support the conclusions and recommendations in the DGAC Report. The following comments provide additional information on the role of diet in cancer and specific recommendations for those tasked with finalizing the 2025-2030 Dietary Guidelines for Americans (DGA).

For more than 100 years, ACS has been the leading organization improving the lives of people with cancer and their families through advocacy, research, and patient support, to ensure that everyone has an opportunity to prevent, detect, treat, and survive cancer. As ACS's nonprofit, nonpartisan advocacy affiliate, ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. By engaging advocates across the country to make their voices heard, ACS CAN influences legislative and regulatory solutions that will end cancer as we know it, for everyone.

Background

Cancer is the second leading cause of death, exceeded only by heart disease, in both men and women in the United States.[1] The burden of cancer extends beyond mortality. Individuals who are affected by a diagnosis of cancer may experience physical suffering, distress, and diminished quality of life associated with disease-related symptoms, diagnostic procedures, cancer therapies, and long-term and late adverse effects of treatment. Moreover, quality of life can also be substantially impacted for family, caregivers, and friends of people with cancer.

For most Americans who do not use tobacco, the most important cancer risk factors that can be changed are diet, body weight, physical activity, and alcohol intake. Unhealthful diet, excess body

[1] American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.

weight, alcohol consumption and physical inactivity together account for at least 18.8% of cancer cases and 17.1% of cancer deaths in the U.S., the second highest percentages for any risk factor (after cigarette smoking) in both men and women.[2] Excess body weight increases risk for cancers of the breast (postmenopausal), endometrium, kidney (renal cell), esophagus (adenocarcinoma), colon, rectum, gastric cardia, liver, gallbladder, pancreas, ovary, thyroid, myeloma and meningioma.[3,4] There is also some evidence that excess body weight increases the risk of advanced, high-grade, or fatal prostate cancer and cancers of the oral cavity, pharynx, and larynx.[5] Additionally, there is growing evidence that adult weight gain is associated with the risk of several types of cancer, including cancers of the gallbladder, thyroid, pancreas, postmenopausal ovary, postmenopausal endometrium, and postmenopausal breast, as well as multiple myeloma.[6,7,8,9,10] Sustained weight loss, even in modest amounts, is associated with lower breast cancer risk among women over 50 years of age.[11]

ACS Guidelines

Poor diet, including the consumption of red and processed meats, refined carbohydrates, and sugary drinks, increases cancer risk both directly and indirectly through excess body weight. In 2020, ACS published an updated *Guideline for Diet and Physical Activity for Cancer Prevention*[12] (hereafter, the 2020 ACS Guideline) that reflects the latest evidence. Most of this evidence is based on observational epidemiological studies, especially prospective cohort studies, published since the last update in 2012. The 2020 ACS Guideline was developed by a national panel of experts in cancer research, prevention, epidemiology, public health, and policy.

Based on evidence from World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR) systematic reviews and Continuous Update Project reports, as well as more recent systematic reviews and large pooled analyses, the 2020 ACS Guideline defines a healthy dietary pattern as one that includes: foods that are high in nutrients in amounts that help achieve and maintain a healthy body weight; a variety of vegetables—dark green, red and orange, fiber-rich legumes (beans and peas), and others; fruits, especially whole fruits with a variety of colors; and whole grains. In contrast, a healthy dietary pattern limits or does not include red and processed meats; sugar-sweetened beverages; or highly processed foods and refined grain products. Consistent with the 2020-2025 DGA, ACS recommends following a healthy eating pattern at all ages. One key difference is that for cancer

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[2] Islami F, Marlow EC, Thomson B, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States, 2019. *CA Cancer J Clin*. 2024; 74(5): 405-432. doi:10.3322/caac.21858

[3] International Agency for Research on Cancer. IARC Handbooks of Cancer Prevention: Weight Control and Physical Activity. Vol 6. World Health Organization/ IARC; 2002

[4] Lauby-Secretan B, Scoccianti C, Loomis D, et al. Body fatness and cancer—viewpoint of the IARC Working Group. N Engl J Med. 2016;375:794-798.

[5] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. Continuous Update Project. The Third Expert Report. American Institute for Cancer Research; 2018. Accessed July 21, 2019. wcrf.org/dietandcancer

[6] Campbell PT, Newton CC, Kitahara CM, et al. Body size indicators and risk of gallbladder cancer: a pooled analysis of individual-level data from 19 prospective cohort studies. Cancer Epidemiol Biomarkers Prev. 2017;26:597-606.

[7] Kitahara CM, McCullough ML, Franceschi S, et al. Anthropometric factors and thyroid cancer risk by histological subtype: pooled analysis of 22 prospective studies. Thyroid. 2016;26:306-318.

[8] Genkinger JM, Kitahara CM, Bernstein L, et al. Central adiposity, obesity during early adulthood, and pancreatic cancer mortality in a pooled analysis of cohort studies. Ann Oncol. 2015;26: 2257-2266

[9] Keum N, Greenwood DC, Lee DH, et al. Adult weight gain and adiposity-related cancers: a dose-response meta-analysis of prospective observational studies. J Natl Cancer Inst. 2015;107:djv088.

[10] Teras LR, Kitahara CM, Birmann BM, et al. Body size and multiple myeloma mortality: a pooled analysis of 20 prospective studies. Br J Haematol. 2014;166: 667-676.

[11] Teras LR, Patel AV, Wang M, et al. Sustained weight loss and risk of breast cancer in women >/=50 years: a pooled analysis of prospective data. J Natl Cancer Inst 2019.

[12] Rock, CL et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020; 0:1-27.

prevention, ACS recommends it is best not to drink alcohol,[13] whereas the DGA suggests limiting alcohol intake. Research has found that non-smoking adults who followed the ACS Guideline for weight control, diet, physical activity, and alcohol consumption lived longer and had a lower risk of dying from cancer and cardiovascular disease.[14,15,16,17,18]

Diet, body weight, and physical activity are also important factors in the risk of recurrence and mortality among cancer survivors. There are more than 18 million cancer survivors in the U.S.[19] Although advances in cancer diagnosis and treatment have improved clinical outcomes, the inability to maintain a healthy diet because of cancer symptoms and treatment-related side effects is common and can negatively impact overall clinical outcomes. To reduce risk for recurrence and mortality among cancer survivors, ACS also released the *Nutrition and Physical Activity Guideline for Cancer Survivors*,[20] which includes nutrition and physical activity recommendations during cancer care and following recovery from treatment. These guidelines provide recommendations for anthropometric parameters, physical activity, diet, and alcohol intake for reducing recurrence and cancer-specific mortality, and overall mortality. As with the 2020 ACS Guideline, this guideline was based on the latest scientific evidence on how modifiable factors might contribute to cancer recurrence or survival. ACS researchers and experts from across the U.S. developed these new evidence-based recommendations for use by health care providers, cancer survivors, and their families.

ACS & ACS CAN Recommendations:

Overarching

We commend the DGAC for their thorough review of the latest dietary evidence, for the methodological advances taken on food modeling approaches, and for the details and transparency provided in their approach to synthesizing the evidence. We urge the Departments to continue to use an evidence-based, transparent process for the 2025-2030 DGA.

Like the ACS guidelines, the DGA are an evidence-based path forward for individuals, families, schools, communities, health care professionals, and policymakers to achieve and protect health

[13] Rock, CL et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020; 0:1-27.
[14] Kohler LN, Garcia DO, and Harris RB. Adherence to Diet and Physical Activity Cancer Prevention Guidelines and Cancer Outcomes: A Systematic Review. Cancer Epidemiol Biomarkers Prev 2016; 25(7): 1018-28.
[15] McCullough ML, Patel AV, Kushi LH, et al. Following Cancer Prevention Guidelines Reduces Risk of Cancer, Cardiovascular Disease, and All-Cause Mortality. Cancer Epidemiol Biomarkers Prev 2011; 20(6): 1089-97.
[16] Kabat GC, Matthews CE, Kamensky V, Hollenbeck AR, Rohan TE. Adherence to cancer prevention guidelines and cancer incidence, cancer mortality, and total mortality: a prospective cohort study. Am J Clin Nutr. 2015 Mar;101(3):558-69. doi: 10.3945/ajcn.114.094854. Epub 2015 Jan 7. PMID: 25733641; PMCID: PMC4340061.
[17] Cynthia A. Thomson, Marjorie L. McCullough, Betsy C. Wertheim, Rowan T. Chlebowski, Maria Elena Martinez, Marcia L. Stefanick, Thomas E. Rohan, JoAnn E. Manson, Hilary A. Tindle, Judith Ockene, Mara Z. Vitolins, Jean Wactawski-Wende, Gloria E. Sarto, Dorothy S. Lane, Marian L. Neuhouser; Nutrition and Physical Activity Cancer Prevention Guidelines, Cancer Risk, and Mortality in the Women's Health Initiative. Cancer Prev Res (Phila) 1 January 2014; 7 (1): 42–53. https://doi.org/10.1158/1940-6207.CAPR-13-0258
[18] Pichardo, M.S., Esserman, D., Ferrucci, L.M., Molina, Y., Chlebowski, R.T., Pan, K., Garcia, D.O., Lane, D.S., Shadyab, A.H., Lopez-Pentecost, M., Luo, J., Kato, I., Springfield, S., Rosal, M.C., Bea, J.W., Cespedes Feliciano, E.M., Qi, L., Nassir, R., Snetselaar, L., Manson, J., Bird, C. and Irwin, M.L. (2022), Adherence to the American Cancer Society Guidelines on nutrition and physical activity for cancer prevention and obesity-related cancer risk and mortality in Black and Latina Women's Health Initiative participants. Cancer, 128: 3630-3640. https://doi.org/10.1002/cncr.34428
[19] Miller, K.D., Nogueira, L., Devasia, T., Mariotto, A.B., Yabroff, K.R., Jemal, A., Kramer, J. and Siegel, R.L. (2022), Cancer treatment and survivorship statistics, 2022. CA A Cancer J Clin. https://doi.org/10.3322/caac.21731.
[20] Rock, CL, Thomson, CA, Sullivan, KR, Howe, CL, Kushi, LH, Caan, BJ, Neuhouser, ML, Bandera, EV, Wang, Y, Robien, K, Basen-Engquist, KM, Brown, JC, Courneya, KS, Crane, TE, Garcia, DO, Grant, BL, Hamilton, KK, Hartman, SJ, Kenfield, SA, Martinez, ME, Meyerhardt, JA, Nekhlyudov, L, Overholser, L, Patel, AV, Pinto, BM, Platek, ME, Rees-Punia, E, Spees, CK, Gapstur, SM, McCullough, ML. American Cancer Society nutrition and physical activity guideline for cancer survivors. CA Cancer J Clin. 2022. https://doi.org/10.3322/caac.21719.

through diet. Though we focus our additional commentary below on adults, we would like to note our support for the emphasis on healthy dietary patterns across the life span, as well as healthy weight gain trajectory for children and adolescents. We highlight several key areas for discussion below.

Health Equity and Nutrition

We support the committee's continued focus on health equity and urge the Departments to use a health equity lens in the 2025-2030 DGA.

For ACS and ACS CAN, health equity means everyone having a fair and just opportunity to prevent, detect, treat, and survive cancer. The specific needs of diverse communities, such as people who live in rural communities and individuals with disabilities, must be met to ensure that everyone has the same opportunity to be healthy and cancer-free.

Having consistent access to affordable nutritious food has a direct impact on a person's health and can help prevent, manage, and treat chronic diseases like cancer. Most people in the U.S. do not meet recommended nutrition targets because of social, economic, environmental, and cultural factors that strongly impact an individual's ability to sustain a healthy dietary pattern.[21] Populations that have been marginalized have a higher prevalence of excess body weight, diabetes and hypertension, putting them at greater risk of cancer and cardiovascular disease, among other conditions. Research and recommendations must address these underlying factors influencing the diet of individuals and communities at-large.

We were pleased to continue to see the importance of culturally responsive interventions to ensure that diet-related research and recommendations are meeting the needs of all people in achieving a healthful diet.

We urge the Departments to incorporate food security status as a key demographic factor and address food insecurity in the 2025-2030 DGA.

In the U.S., 13.5% of households, 47.4 million people, including 13.8 million children, were food insecure in 2023.[22] Additionally, the number of cancer patients who experience food insecurity ranges between 17% and 55%.[23] Research has found that food insecurity can be associated with poor diet quality, obesity, and reduced fruit and vegetable intake.[24] Evidence consistently shows that individual factors – like race, ethnicity, health insurance status, income, and where a person lives – strongly impact regular access to healthy food. For instance, living in a rural area, living in a community without stores that offer healthy foods, being American Indian or Alaska Native or Black, having limited income and limited education have all been shown to be independently associated with poor

[21] Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. Curr Nutr Rep. 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.
[22] Rabbitt, M. P., Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024). Household food security in the United States in 2023 (Report No. ERR-337). U.S. Department of Agriculture, Economic Research Service. https://doi.org/10.32747/2024.8583175.ers.
[23] McCullough ML, Chantaprasopsuk S, Islami F, Rees-Punia E, Um CY, Wang Y, Leach CR, Sullivan KR, Patel AV. Association of Socioeconomic and Geographic Factors With Diet Quality in US Adults. JAMA Netw Open. 2022 Jun 1;5(6):e2216406. doi: 10.1001/jamanetworkopen.2022.16406. PMID: 35679041; PMCID: PMC9185183.
[24] Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. Curr Nutr Rep. 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.

diet quality.[25] Food insecurity must be addressed in the 2025-2030 DGA to ensure "everyone has a fair and just opportunity to attain their highest level of health."

Dietary Patterns

We support the DGAC's continued emphasis on following a healthy dietary pattern throughout the lifespan as the foundation of advice in the 2025-2030 DGA, which strongly aligns with the 2020 ACS Guideline.[26]

Poor diet, excluding indirect effects through excess body weight, is estimated to be responsible for 4.2-5.2% of cancer cases per year,[27,28] and evidence on the relationship of overall dietary patterns and cancer risk has grown considerably over the past two decades.[29,30,31]

After updating systematic reviews on the relationship between dietary patterns consumed and risk of specific cancers, the 2025 DGAC continued to conclude that healthy dietary patterns play a role in lowering risk of breast (especially postmenopausal) and colorectal cancers in adults and older adults (Moderate evidence). For breast cancer, dietary patterns rich in vegetables, fruits, legumes, nuts, and whole grains, and lower in red and processed meats, refined grains, and sugar-sweetened beverages were found to be associated with lower risk. Similarly, the dietary patterns associated with lower risk of colon and rectal cancers are rich in vegetables, fruits, legumes, nuts, and whole grains, and are low in red and processed meats, refined grains, fried potatoes, saturated fat, and sugar-sweetened foods and beverages. These dietary patterns may also include fish, low-fat dairy, tea and coffee. The 2025 DGAC findings for breast and colorectal cancers are in alignment with recommendations from ACS[32] and the WCRF/AICR.[33]

We urge the Departments to continue to prioritize breast and colorectal cancers, as well as other cancer sites, as evidence examined for ACS and WCRF/AICR guidelines has indicated that dietary pattens and specific diet components may also be associated with risk of several other cancers.

Due to lack of available and updated research, the 2025 DGAC deprioritized systematic review and evidence scan questions on the relationship between dietary patterns and risk of lung and prostate cancers. Site-specific evidence summarized in the 2020 ACS Guideline highlights evidence for several

[25] McCullough ML, Chantaprasopsuk S, Islami F, Rees-Punia E, Um CY, Wang Y, Leach CR, Sullivan KR, Patel AV. Association of Socioeconomic and Geographic Factors With Diet Quality in US Adults. JAMA Netw Open. 2022 Jun 1;5(6):e2216406. doi: 10.1001/jamanetworkopen.2022.16406. PMID: 35679041; PMCID: PMC9185183.

[26] Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020.

[27] Islami F, Goding Sauer A, Miller KD, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA Cancer J Clin 2018;68:31-54.

[28] Zhang FF, Cudhea F, Shan Z, et al. Preventable Cancer Burden Associated with Poor Diet in the United States. JNCI Cancer Spectrum 2019.

[29] Schwingshackl L, Bogensberger B, Hoffmann G. Diet Quality as Assessed by the Healthy Eating Index, Alternate Healthy Eating Index, Dietary Approaches to Stop Hypertension Score, and Health Outcomes: An Updated Systematic Review and Meta-Analysis of Cohort Studies. Journal of the Academy of Nutrition and Dietetics 2018;118:74-100 e11.

[30] Schwingshackl L, Schwedhelm C, Galbete C, Hoffmann G. Adherence to Mediterranean Diet and Risk of Cancer: An Updated Systematic Review and Meta-Analysis. Nutrients 2017;9.

[31] Grosso G, Bella F, Godos J, et al. Possible role of diet in cancer: systematic review and multiple meta-analyses of dietary patterns, lifestyle factors, and cancer risk. Nutr Rev 2017;75:405-19.

[32] Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020.

[33] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert Report 2018.

cancers, including: endometrial (a diet with low glycemic load may reduce risk), liver (fish intake may lower risk), lung (non-starchy vegetables and whole fruits, including those high in vitamin C, probably lowers risk while processed and red meat may increase risk), pancreas (processed and red meats as well as saturated fats in general and sugar-sweetened beverages may increase risk), prostate (higher consumption of dairy products and calcium >2000 mg/d may increase risk), stomach/gastric (regular intake of processed, grilled, or charcoaled meats increases risk for non-cardia gastric cancer; intake of non-starchy vegetables and whole fruits, especially citrus fruits, probably lowers risk), and upper aerodigestive (consumption of non-starchy vegetables and whole fruits probably lowers risk).[34]

In addition, and consistent with previous DGAC conclusions, the 2025 DGAC identified dietary patterns with favorable health outcomes related to adiposity and risk of obesity, but evidence varied in strength for adults (Moderate grade) and children and adolescents (Limited grade). These healthy dietary patterns all emphasize vegetables, fruits, legumes, and nuts, while most are also rich in whole grains and fish or seafood. Some include higher intakes of low-fat dairy and unsaturated fats. These beneficial diets are also lower in refined grains, red and processed meats, sugar-sweetened foods and beverages, and saturated fat.

In contrast, the 2025 DGAC identified dietary patterns higher in ultra-processed foods as having unfavorable health outcomes related to body composition and risk of obesity in children and adolescents, adults, and older adults (Limited grade).

We urge the Departments to include recommendations and strategies that establish healthy dietary patterns early in life.

Trends in excess body weight among youth are a significant public health concern, as children with obesity are more likely than children with normal weight to become adults with obesity, putting youth at risk of chronic diseases and cancer. As inferred in the 2020-2025 DGA, promoting healthy dietary patterns and lifestyles during childhood in order to prevent obesity is more effective than trying to change unhealthy behaviors in adult populations.

<u>Red and Processed Meat:</u>
We support the committee's stance encouraging lower intake of red and processed meats as part of a healthy dietary pattern.

The DGAC Report states that lower intake of red and processed meats as part of a healthy dietary pattern is associated with better health outcomes throughout the lifespan, from healthier growth patterns and lower obesity risk to lower risk of chronic diseases, including breast and colorectal cancer as well as type 2 diabetes and cardiovascular disease. The 2020 ACS Guideline similarly defines a healthy dietary pattern as one that limits or does not include red and processed meats.

The 2015 DGAC's review of the evidence found strong or moderate evidence of associations between dietary patterns high in red and processed meat intake and increased risk of colorectal cancer, cardiovascular disease, measures of body weight or obesity, and type 2 diabetes. The International

[34] Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020

Agency for Research on Cancer (IARC)[35] also concluded in 2015 that processed meat (e.g., hot dogs, bacon, sausage, deli meats, etc.) is a Group 1 carcinogen, and unprocessed red meat is a Group 2a (probable) carcinogen, on the basis of evidence related to colorectal cancer. Likewise, the evidence that diets high in red meat (e.g., beef, pork, lamb) and processed meat are associated with increased risk of colorectal cancer is also considered probable and convincing, respectively, by WCRF/AICR, whose Continuous Update Project is the world's most comprehensive resource of scientific literature on food, nutrition, physical activity, and cancer.[36] In 2020, the DGAC's review of the evidence confirmed the conclusions from the 2015 Report and additionally found strong evidence of an increased risk of all-cause mortality associated with dietary patterns that are high in red and processed meat.[37]

As previously mentioned, IARC has stated that limited evidence suggests red and processed meat intake is also associated with cancers of the stomach, pancreas and prostate. Though not a focus of the current DGAC Report, the evidence further highlights the importance of a dietary pattern with lower intakes of red and processed meat for cancer risk, as well as risk for obesity and other chronic diseases.

We urge the Departments to incorporate into the 2025-2030 DGA the DGAC recommendation to keep total dietary saturated fat intake below 10% of total energy intake.

Red and processed meat are two key sources for saturated fat intake in the American diet. The DGAC Report highlighted evidence that substituting red and processed meats with other nutrient-dense alternative protein sources, including high-fiber sources like beans, peas, and lentils, whole grains, and vegetables, is associated with lower risk for obesity, cardiovascular disease, and other chronic diseases, including diabetes and cancer.

<u>Added Sugars:</u>
We support the 2025 DGAC's advice that the 2025-2030 DGA messaging should continue to recommend limiting foods high in added sugars, including sweetened beverages and foods, and provide clear guidance regarding those limits.

As stated in the 2020 ACS Guideline, "all sugars in foods and beverages contribute to caloric intake, so, by promoting obesity, a high sugar intake can indirectly increase cancer risk. There is also evidence that a dietary pattern high in added sugars influences levels of insulin and related hormones in ways that may increase the risk of certain cancers."[38,39] Added sugars in beverages and energy-dense foods (e.g., traditional "fast food" or heavily processed foods) are associated with risk of weight

[35] IARC. Red meat and processed meat /IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Lyon, France: International Agency for Research on Cancer; 2015.
[36] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert Report 2018.
[37] Dietary Guidelines Advisory Committee. 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services.* U.S. Department of Agriculture, Agricultural Research Service, Washington, DC. Available at: https://doi.org/10.52570/DGAC2020
[38] Perez-Hernandez AI, Catalan V, Gomez-Ambrosi J, Rodriguez A, Fruhbeck G. Mechanisms linking excess adiposity and carcinogenesis promotion. Front Endocrinol (Lausanne). 2014;5:65.
[39] Rock, C.L., Thomson, C., Gansler, T., Gapstur, S.M., McCullough, M.L., Patel, A.V., Andrews, K.S., Bandera, E.V., Spees, C.K., Robien, K., Hartman, S., Sullivan, K., Grant, B.L., Hamilton, K.K., Kushi, L.H., Caan, B.J., Kibbe, D., Black, J.D., Wiedt, T.L., McMahon, C., Sloan, K. and Doyle, C. (2020), American Cancer Society guideline for diet and physical activity for cancer prevention. CA A Cancer J Clin, 70: 245-271. https://doi.org/10.3322/caac.21591

gain, overweight, or obesity,[40] which in turn increase the risk of at least 18 types of cancers.[41,42] In addition, the WCRF/AICR notes that diets with high "glycemic load," or blood sugar-raising potential (e.g., high in sweets, high-sugar/low-fiber foods, and sweetened beverages), are probably associated with higher endometrial cancer risk.[43] Energy-dense and commercially processed foods often include higher amounts of added sugars, as well as refined grains, saturated fat, and sodium.[44] Therefore, we agree with the 2025 DGAC that nutrient-dense and less refined foods should continue to be prioritized in the 2025-2030 DGA.

The 2025 DGAC Report also notes that, as a leading source of added sugars in the United States, limiting sugar-sweetened beverages should be a high priority,[45] and the DGA should encourage people to choose plain water and unsweetened beverages instead. The DGAC's focus on sugar-sweetened beverages is aligned with the 2020 ACS Guideline statement that a healthy diet limits or does not include sugar-sweetened beverages. This includes soda, sports drinks, and energy drinks as well as dairy and non-dairy milks with added sugars and fruit juices with added sugars.

Given the above evidence, we further encourage the Departments to maintain the 2020-2025 DGA recommendation to limit added sugars in the diet to less than 10 percent of total calories for ages 2 years and older.

The 2025 DGAC recommendation to maintain current DGA limits on added sugars (<10% of total calories) is consistent with those of other major health authorities and may help prevent cancers and other chronic health conditions. In addition to the 2020 ACS Guideline[46] recommendation to limit or exclude sugar-sweetened beverages and highly processed foods which are often high in added sugar, the World Health Organization advises both adults and children to reduce "free sugars" to less than 10 percent of calories with a further recommendation to reduce to less than 5 percent."[47] The American Heart Association's recommended limits on added sugars—no more than 100 calories of added sugars per day for children and women and no more than 150 calories per day for men—are roughly equal to 5 percent of calories for many people in each group.[48] The 2018 WCRF/AICR report also recommends limiting consumption of "fast foods" and other processed foods high in saturated fat, starches, or added sugars[49] because of their association with body weight.

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[40] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. Continuous Update Project. The Third Expert Report. American Institute for Cancer Research; 2018.
[41] IARC (2023). IARC Biennial Report 2022–2023. Lyon, France: International Agency for Research on Cancer. Available from: https://publications.iarc.who.int/633. Licence: CC BY-NC-ND 3.0 IGO
[42] Wild CP, Weiderpass E, Stewart BW, editors (2020). World Cancer Report: Cancer Research for Cancer Prevention. Lyon, France: International Agency for Research on Cancer. Available from: http://publications.iarc.fr/586.
[43] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. Continuous Update Project. The Third Expert Report. American Institute for Cancer Research; 2018.
[44] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at DietaryGuidelines.gov.
[45] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. Continuous Update Project. The Third Expert Report. American Institute for Cancer Research; 2018.
[46] Rock, CL et al. *American Cancer Society guideline for diet and physical activity for cancer prevention*. CA Cancer J Clin 2020; 0:1-27.
[47] World Health Organization. *Reducing free sugars intake in adults to reduce the risk of noncommunicable diseases*. 2023. https://www.who.int/tools/elena/interventions/free-sugars-adults-ncds
[48] Van Horn L, et al. Recommended Dietary Pattern to Achieve Adherence to the American Heart Association/American College of Cardiology (AHA/ACC) Guidelines: A Scientific Statement from the American Heart Association. *Circulation*. 2016;134(22):e505-e529; Johnson RK, et al. Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement from the American Heart Association. *Circulation*. 2009;120(11):1011-20; Vos MB, et al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement from the American Heart Association. *Circulation*. 2017;135(19):e1017-e1034.
[49] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective. Continuous Update Project. The Third Expert Report. American Institute for Cancer Research; 2018.

We strongly support the DGAC's continued recommendation that young children from birth through 23 months avoid added sugars.

This is consistent with the guidance of several leading health authorities.[50] The American Heart Association has concluded that there is strong evidence that sugar-sweetened beverages intake during childhood leads to excess weight gain.[51] Consuming sugar-sweetened beverages and foods with added sugars in the first two years of life is also likely to displace nutrient-dense foods.[52] Further, at least one study in U.S. children showed that frequent consumption of sugar-sweetened beverages (≥ 3 times per week) in infancy was associated with a significantly increased risk of dental caries at age six years.[53] Advice in the DGA should explicitly label flavored milks and so-called "toddler milks" as beverages to avoid for young children as recommended by the Healthy Eating Research consensus statement.[54] Flavored milks are sources of added sugars and excess calories, while toddler milks offer no unique nutritional value and may contribute added sugars to the diet.

<u>Ultra-Processed Foods:</u>
We recommend that the 2025-2030 DGA give clear guidance to the public on how ultra-processed foods may impact health.

Current evidence suggests that consumption of ultra-processed foods may be associated with weight gain[55] and chronic disease risk, including for cardiovascular disease[56] and cancer.[57] As the DGAC committee highlighted in the Report, ultra- (or highly-) processed foods tend to be higher in added sugars, saturated fat, and sodium – all of which have recommended limits in the DGA. They also contain food additives and preservatives, including colors, flavorings, and emulsifiers, used to imitate or enhance the sensory qualities of foods or culinary preparations made from foods[58] and to make

[50] Perez-Escamilla, 2017; Lott M, et al. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations. Technical Scientific Report.* Healthy Eating Research. 2019; Vos MB, et. al. Added Sugars and Cardiovascular Disease Risk in Children. A Scientific Statement from the American Heart Association. *Circulation.* 2017; 135:e1017-34; Fidler N, et al. Sugar in Infants, Children and Adolescents: A Position Paper of the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition Committee on Nutrition. *J Pediatr Gastroenterol Nutr*. 2017:65:681-696.
[51] Vos, 2017; Fidler, 2017.
[52] Vos, 2017; Fidler, 2017.
[53] Park S, et al. Association of Sugar-Sweetened Beverage Intake during Infancy with Dental Caries in 6-year olds. *Clin Nutr Res*. 2015;4:49-17.
[54] Lott, 2019; Defined as "Milk drink supplemented with nutrients and often containing added sugars. These products are marketed as appropriate for children ages 9 to 36 months, and may be marketed as 'transition formulas,' 'follow-on formulas,' or 'weaning formulas' for children 9 to 24 months and 'toddler milk,' 'growing-up milk' or 'young child milk' for children 12 to 26 months."
[55] Cordova R, Kliemann N, Huybrechts I, Rauber F, Vamos EP, Levy RB, Wagner KH, Viallon V, Casagrande C, Nicolas G, Dahm CC, Zhang J, Halkjær J, Tjønneland A, Boutron-Ruault MC, Mancini FR, Laouali N, Katzke V, Srour B, Jannasch F, Schulze MB, Masala G, Grioni S, Panico S, van der Schouw YT, Derksen JWG, Rylander C, Skeie G, Jakszyn P, Rodriguez-Barranco M, Huerta JM, Barricarte A, Brunkwall L, Ramne S, Bodén S, Perez-Cornago A, Heath AK, Vineis P, Weiderpass E, Monteiro CA, Gunter MJ, Millett C, Freisling H. Consumption of ultra-processed foods associated with weight gain and obesity in adults: A multi-national cohort study. Clin Nutr. 2021 Sep;40(9):5079-5088. doi: 10.1016/j.clnu.2021.08.009. Epub 2021 Aug 21. PMID: 34455267.
[56] Srour B, Fezeu LK, Kesse-Guyot E, Allès B, Méjean C, Andrianasolo RM, Chazelas E, Deschasaux M, Hercberg S, Galan P, Monteiro CA, Julia C, Touvier M. Ultra-processed food intake and risk of cardiovascular disease: prospective cohort study (NutriNet-Santé). BMJ. 2019 May 29;365:l1451. doi: 10.1136/bmj.l1451. PMID: 31142457; PMCID: PMC6538975.
[57] Fiolet T, Srour B, Sellem L, Kesse-Guyot E, Allès B, Méjean C, Deschasaux M, Fassier P, Latino-Martel P, Beslay M, Hercberg S, Lavalette C, Monteiro CA, Julia C, Touvier M. Consumption of ultra-processed foods and cancer risk: results from NutriNet-Santé prospective cohort. BMJ. 2018 Feb 14;360:k322. doi: 10.1136/bmj.k322. PMID: 29444771; PMCID: PMC5811844.
[58] Poti JM, Mendez MA, Ng SW, Popkin BM. Is the degree of food processing and convenience linked with the nutritional quality of foods purchased by US households? Am J Clin Nutr. 2015 Jun;101(6):1251-62. doi: 10.3945/ajcn.114.100925. Epub 2015 May 6. PMID: 25948666; PMCID: PMC4441809.

them more palatable.[59] The WCRF/AICR concluded in their 2018 Third Expert Report that 'fast foods' and sugar-sweetened beverages are associated with weight gain, overweight and obesity, and both categories can be defined as ultra-processed. The 2020 ACS Guideline similarly emphasizes limiting or not including highly processed foods and refined grain products as part of a healthy eating pattern).[60]

Ultra-processed foods are typically created using industrial techniques and processes to chemically modify the original food product, include ingredients such as varieties of sugars, modified oils, and processed proteins, and tend to be of low nutritional quality. While ultra-processed foods are often defined in research using the NOVA classification system[61], there is lack of consensus on how to best define ultra-processed foods. There is also a need to better understand the differences among types of ultra-processed foods (e.g., whole grain breads and crackers, fortified cereals low in added sugars compared to breads, crackers, cereals, and desserts high in refined grains and added sugars) and how they may impact food access and food and nutrition security. We support an examination of ultra-processed foods in relation to growth, size, body composition, risk of overweight and obesity and weight loss and maintenance. We additionally support investigations into how ultra-processed foods may impact risk for chronic diseases including cancer, type 2 diabetes, and cardiovascular disease, and the role the food environment plays on ultra-processed food access and diet quality.

<u>Alcohol</u>

We strongly urge the Departments to incorporate strong recommendations to avoid or limit alcohol into the 2025-2030 DGA.

We support the DGAC recommendation that evidence on alcohol and health be guided by the thorough, complementary reviews by the National Academies of Science, Engineering and Medicine (NASEM)[62] and the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)[63]. Alcohol consumption is the third major modifiable cancer risk factor after tobacco use and excess body weight.[64] The NASEM report found that a moderate amount of alcohol intake is associated with a higher risk for breast cancer – the most commonly diagnosed cancer among women. However, there is evidence that the consumption of alcohol at even less than one drink per day – below the currently recommended limit in the 2020-2025 DGA – increases risk. Moreover, the effects of alcohol consumption on cancer risk are known to increase with higher amounts of intake.

The NASEM report also concluded that moderate intake of alcohol is associated with higher colorectal cancer risk and did not draw conclusions on other cancer types. It is well established, though, as supported by findings in the ICCPUD report, that alcoholic beverage consumption increases the risk of

[59] Monteiro, C.A., Cannon, G., Lawrence, M., Costa Louzada, M.L. and Pereira Machado, P. 2019. Ultra-processed foods, diet quality, and health using the NOVA classification system. Rome, FAO.

[60] Rock, C.L., Thomson, C., Gansler, T., Gapstur, S.M., McCullough, M.L., Patel, A.V., Andrews, K.S., Bandera, E.V., Spees, C.K., Robien, K., Hartman, S., Sullivan, K., Grant, B.L., Hamilton, K.K., Kushi, L.H., Caan, B.J., Kibbe, D., Black, J.D., Wiedt, T.L., McMahon, C., Sloan, K. and Doyle, C. (2020), American Cancer Society guideline for diet and physical activity for cancer prevention. CA A Cancer J Clin, 70: 245-271. https://doi.org/10.3322/caac.21591

[61] Monteiro, C.A., Cannon, G., Lawrence, M., Costa Louzada, M.L. and Pereira Machado, P. 2019. Ultra-processed foods, diet quality, and health using the NOVA classification system. Rome, FAO.

[62] National Academies of Sciences, Engineering, and Medicine. 2025. *Review of evidence on alcohol and health.* Washington, DC: The National Academies Press. http://doi.org/10.17226/28582.

[63]Interagency coordinating Committee on the Prevention of Underage Drinking. January 2025. Draft Report: Scientific Findings of the Alcohol Intake & Health Study for Public Comment. https://www.stopalcoholabuse.gov/media/pdf/Report-on-Alcohol-Intake-and-Health.pdf

[64] Islami F, Goding Sauer A, Miller KD, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States. CA Cancer J Clin 2018;68:31-54.

oral cavity, pharynx, larynx, esophagus, liver, colorectum, and female breast cancer incidence and mortality. Further, a IARC Working Group concluded that reducing or stopping the use of alcohol can lower the risk of oral and esophageal cancers.[65] Thus, current recommendations from ACS[66] and WCRF/AICR[67] are that, for cancer prevention, it is best not to drink any alcohol.

It is important that adults who choose to drink alcohol are made aware of the evidence on cancer risk and recognize the importance of limiting their alcohol intake. As the Departments review the evidence for the impact of alcohol on health outcomes from the NASEM and ICCPUD reports, we urge that this be done with the same level of scientific rigor as the DGAC process and that the evidence be used to inform updated recommendations to be included in the 2025-2030 DGA.

Additional Comments on the DGAC Report

In addition to the detailed points above, several recommendations proposed by the DGAC align with evidence in the ACS guidelines to lower cancer risk and promote health. ACS and ACS CAN support the following DGAC proposed modifications to the 2020 Healthy U.S. Style (HUSS) diet pattern and advice to the Departments for the 2025-2030 DGA:

- Emphasize dietary intakes of beans, peas, and lentils while reducing intakes of red and processed meats
- To align with evidence to encourage greater consumption of plant-based Protein Foods, move the Beans, Peas, and Lentils Subgroup from the Vegetables Food Group to the Protein Foods Group.
- To emphasize the health benefits of more plant-based Protein Foods in the diet, reorganize the order of the Protein Foods Subgroups to list Beans, Peas, and Lentils first, followed by Nuts, Seeds, and Soy Products, then Seafood, and finally Meats, Poultry, and Eggs.
- To better represent intakes of diverse population groups and cultural backgrounds, adopt a new flexible dietary pattern, the *Eat Healthy Your Way* Dietary Pattern, to facilitate modifications within individual food groups and subgroups.
- To provide clearer definitions and/or examples of Whole Grains and clarify that Grains intake should be "mostly Whole Grains" instead of "at least half Whole Grains." Given the U.S. whole grain and dietary fiber intake generally falls below the recommended amounts, we support the increased emphasis on whole grains.
- To explore revised nomenclature for "Other Vegetables" to better reflect the foods in this food group, given that a variety of non-starchy vegetables may help lower the risk of chronic diseases including several cancers.

We also cautiously support the advice to remove the line in the 2020 HUSS that presents "Limits on Calories for Other Uses." However, if this row is removed from the 2025-2030 DGA tables, we urge the Departments to include clear statements emphasizing that the current limits on added sugars (<10% total kcal/d), saturated fat (<10% total kcal/d), and sodium (<2,300 mg/d) are still recommended. This clarity will continue to provide the kind of specific guidance necessary for individuals, health care professionals, policymakers, and the food industry alike to make health-supportive decisions.

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[65] Gapstur SM, Bouvard V, Nethan ST, Freudenheim JL, Abnet CC, English DR, Rehm J et al. The IARC Perspective on Alcohol Reduction or Cessation and Cancer Risk. New England Journal of Medicine 2023; 389: 2486-2494.

[66] Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA Cancer J Clin 2020.

[67] World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert Report 2018.2018.

Conclusion

Thank you for your consideration of our comments and recommendations. If we can provide any additional information or if you have any questions, please contact Kristen Sullivan, Director of Cancer Wellness, ACS, at Kristen.Sullivan@cancer.org, or Catherine McMahon, Principal, Policy Development, ACS CAN, at Catherine.McMahon@cancer.org.

We look forward to supporting the development and implementation of clear, actionable, science-based national dietary guidelines.