

Submitted to Consultation on the Children and Young People's Dietary Guidelines (3–17 years)  
Submitted on 2025-09-05 11:11:14

## Introductory questions

1 Are you responding on behalf of...

your organisation

If you are responding on behalf of an organisation, please specify:  
Cancer Society of New

2 We would like to ensure we collect feedback from a broad range of New Zealanders. To this end, could you please indicate which ethnic group or groups you identify with:

If you selected other, please specify:

3 Which of these roles best describes your occupation/profession (or the occupations/professions of those that have contributed to this submission)?

Dietitian, Medical doctor, Health promoter, Policy advisor / analyst

If you selected other, please specify:

4 Official Information Act responses

Remove my personal details from responses to Official Information Act requests

## Recommendation 1

5 Do you...

partially support Recommendation 1

If you do not support or only partially support Recommendation 1, please explain why.:

We strongly support the inclusion of foods higher in fibre, including eating plenty of fruits and vegetables in Recommendation 1, but recommend minor changes to evidence section.

1. Fruit and vegetables are a cornerstone of healthy dietary patterns. Fruits and vegetables are a good source of fibre, and there is strong scientific evidence that eating foods high in fibre reduces the risk of colorectal cancer, as well as helping to reduce the risk of weight gain, overweight and obesity which can help protect against at least 13 types of cancer.

2. However we note that the evidence linking fruits and vegetables directly to cancer risk has weakened over time, and the latest evidence shows 'limited evidence-suggesting' for a direct link between fruits and vegetables and cancer risk. However the evidence is largely consistent and in the positive direction and there is some evidence that eating more fruit and non-starchy vegetables may help protect against some aerodigestive cancers. The evidence also suggest the benefits are likely greatest for those who eat little, and there may be less benefit (for cancer) for increasing consumption beyond this.

3. Therefore, fruits and vegetables are likely to help reduce cancer risk via their impact on body weight and contribution to fibre intake. We recommend updating the evidence section to better reflect the latest evidence e.g. High consumption of vegetables and fruit in adulthood may lower the risk of several cancers, including by helping keep a healthy body weight and contributing to fibre intake.

Sources:

<https://www.wcrf.org/wp-content/uploads/2024/10/Colorectal-cancer-report.pdf>

<https://www.wcrf.org/wp-content/uploads/2024/10/Energy-Balance-and-Body-Fatness.pdf>

<https://www.wcrf.org/wp-content/uploads/2024/10/CUP-Strong-Evidence-Matrix.pdf>

We also note that the Grain Foods and Fibre section does not mention the link between dietary fibre and reduction in colorectal cancer risk

4. As above, the evidence for a reduction in colorectal cancer risk is strongest for high intakes of wholegrains and food high in fibre, so it is surprising that this is not reflected in the evidence section (i.e. it is not mentioned in the section on Grain foods and fibre). We strongly recommend making this evidence clear, and referencing this World Cancer Research Fund (WCRF) report <https://www.wcrf.org/wp-content/uploads/2024/10/Colorectal-cancer-report.pdf>

5. Whilst we support the suggestion for using brown rice as a wholegrain grain, we suggest confirming if brown rice can be counted as 'naturally high in fibre'. Whilst we agree it is a wholegrain and higher in fibre than white rice, it would not be able to make a nutrition claim for a good source of fibre under the Food Standards Code (only for 'source of fibre') so this may need rewording slightly to be consistent with this.

We suggest instead:

- grain foods, mostly whole-grain and those naturally higher in fibre

We support the recommendations for legumes and pulses (like beans, peas, lentils and tofu) but question the evidence cited

6. We strongly support the recommendation regarding legumes and pulses, and that these foods overall contribute to a reduction of cancer risk through a range of mechanisms (high fibre content, displacing processed meat and via weight management). However we question the definitive statement Regularly eating legumes and pulses lowers the risk of cancers (including gastric, colorectal, breast and lung cancer and the reference cited to support this in the Evidence section.

7. The strongest evidence is for foods high in fibre (including legumes and pulses) reducing the risk of colorectal cancer. We do not consider the evidence strong enough to support the statement regarding legumes and gastric, breast or lung cancer. We suggest making the link that legumes are high in fibre, and that this in turn reduces colorectal cancer risk clearer.

8. We also note that pulses are not specifically called out in the recommendations (only the evidence section) and recommend that they are.

9. We also strongly recommend consideration is given as to how to recommend that wholegrains, fruits, vegetables and legumes are a major feature of most meals. As it stands, apart from the word 'plenty' for fruits and vegetables, it does not provide recommendations/guidance for how much or what proportion of meals these foods should contribute to dietary intakes. For cancer prevention, it is recommended that wholegrains, vegetables, fruit, and legumes and pulses are a major part of a usual daily diet. It is also acknowledged in the evidence section that better health outcomes are achieved when a person's carbohydrate intake primarily comes from whole grains, vegetables, fruits and legumes.

Source:

<https://www.wcrf.org/wp-content/uploads/2024/10/Recommendations.pdf>

Red meat and colorectal cancer

10. We note the supporting evidence acknowledges the link between red meat and colorectal cancer, and the need to limit weekly consumption. However, this is not acknowledged or accounted for in the actual recommendation. As above, recommendations that promote wholegrains, fruits, vegetables and legumes as the main dietary source would be welcome to help provide further guidance about this.

11. However we do not agree that the evidence is strong enough to support a link between red meat and breast cancer and suggest removing this mention in the evidence section. This WCRF CUP found "limited- no conclusion" for breast cancer and red meat.

Diet, nutrition, physical activity and breast cancer <https://www.wcrf.org/wp-content/uploads/2025/01/Breast-cancer-report.pdf>

Dairy products and cancer reference needs updating

12. We note some of the evidence supporting the inclusion of dairy products in Recommendation 1 includes a reduction in colorectal cancer risk. However the reference cited does not support its inclusion and is not the most recent or relevant reference to use because WCRF do not include dairy products in their overall cancer prevention recommendations and acknowledges the divergent evidence for dairy products.

We would recommend referencing the following reports instead:

- Dietary patterns and cancer risk- <https://www.wcrf.org/research-policy/library/dietary-and-lifestyle-patterns-and-cancer-prevention/>
- Diet, nutrition and physical activity and the risk of colorectal cancer – <https://www.wcrf.org/wp-content/uploads/2024/10/Colorectal-cancer-report.pdf>

13. Both the Cancer Society and WCRF do not include calcium products in their overall cancer prevention recommendations because of a couple of reasons. The evidence is graded as 'Strong-probable' which is defined as Evidence strong enough to support a judgement of a probable causal (or protective) relationship, which generally justifies recommendations designed to reduce the risk of cancer. This grading of evidence could be strong enough to justify a recommendation, and is the same level as for wholegrains, but dairy products have not been included in population cancer risk reduction recommendations largely because there remain some unanswered questions including the amount required to achieve cancer risk reduction, and that the evidence is divergent for cancer sites. This evidence is also not as strong as the evidence for processed meat or alcohol. However the 2025 WCRF dietary patterns CUP report (cited above) provides more full evidence to support the recommendation of dairy products for colorectal cancer prevention as part of a healthy eating pattern.

14. So whilst we support the inclusion of dairy products in Recommendation 1 as part of an overall healthy diet for children and young people and for reasons other than cancer prevention, if the link with colorectal cancer is made in the evidence section, then we suggest referencing the 2025 WCRF CUP instead of the one referenced currently.

6 Do you have anything else to add on the topic of eating a variety of foods from the four food groups during childhood or adolescence?

Comments:

Diet and life course approach

15. We strongly support the emphasis on a life course approach, and the acknowledgement that cancer risk accumulates over lifetime. When it comes to cancer, all dietary risks (including body weight and alcohol) are with cancers in adulthood and not childhood cancers. This should be made clear across all supporting evidence statements regarding cancer so that there is no confusion for readers about the role of these recommendations for children and young people and cancer prevention. It could also be made clearer in the section on 'Diets and health across the life course'

Vitamin D Supplements, sun exposure and skin cancer.

16. The Ministry of Health 2012 Consensus Statement on Vitamin D and Sun Exposure in New Zealand cited in the evidence section is extremely old and out of date. The latest Australian position statement on Vitamin D (2024) has changed its advice. This position statement now provides Risk-Stratified Sun Exposure Guidance

- based on skin type
- provides tailored sun protection and vitamin D advice for each group.

It also

- Highlights the importance of maintaining 25(OH)D  $\geq$  50 nmol/L for musculoskeletal and immune health.
  - Emphasises that short, regular sun exposure is preferable to infrequent, prolonged exposure.
  - Recommends supplementation for those unable to safely or sufficiently obtain vitamin D from sun exposure (e.g. high-risk individuals, people in southern Australia during winter – which would be equivalent to NZ).
  - Shows that in southern Australia in winter (which would be the same as NZ), it may be impossible to maintain vitamin D levels through sun exposure alone, especially for people with dark skin or limited skin exposure
17. We recommend consulting further experts on this section to provide more granular and nuanced advice and evidence regarding Vitamin D and sun exposure for children and young people (alongside updating the 2012 consensus statement).

Balancing the risks and benefits of sun exposure: A revised position statement for Australian adults  
<https://www.sciencedirect.com/science/article/pii/S1326020023052949?via%3Dihub>

## Recommendation 2

7 Do you...

support Recommendation 2

If you do not support or only partially support Recommendation 2, please explain why.:

8 Do you...

partially support the supplementary recommendation

If you do not support or only partially support the supplementary recommendation, please explain why.:

Processed meats

18. Processed meats are strongly linked to an increased risk of colorectal cancer. The WCRF cancer prevention recommendations, which the Cancer Society supports, states that processed meats should be avoided for cancer prevention. We note the evidence section acknowledges this link/evidence. However, we suggest 'Eat little, if any' (instead of 'Limit' ) as this may be a better framing of the evidence cited in this recommendation.

19. The reference for this section should also be updated to these more relevant references:

- <https://www.wcrf.org/wp-content/uploads/2024/10/Colorectal-cancer-report.pdf> instead of the (American Institute for Cancer Research, World Cancer Research Fund 2017) reference
- IARC Monograph

<https://publications.iarc.who.int/Book-And-Report-Series/Iarc-Monographs-On-The-Identification-Of-Carcinogenic-Hazards-To-Humans/Red-Meat-And-Processed-Meat>

20. We also recommend updating this wording:

Processed meats are a contributor to increase the risk of dietary-related diseases like colorectal cancer in order to be more consistent with the language and framing of cancer risk in other sections (and the evidence).

21. Finally, the definition for processed meats used by world leading cancer institutes including WCRF and IARC is 'meat that has been transformed through salting, curing, fermentation, smoking or other processes to enhance flavour or improve preservation.' and we recommend making the definition used in the evidence section match this.

9 Do you have anything else to add on the topic of limiting or reducing intake of some foods in childhood or adolescence?

Comments:

Limit 'fast foods'

22. We support a recommendation to limit 'fast foods'\* as there is strong evidence that diets containing greater amounts of 'fast foods' are a cause of weight gain and overweight and obesity. Greater body weight in adulthood is a cause of at least 13 types of cancers.

Sources:

<https://www.wcrf.org/wp-content/uploads/2024/10/Energy-Balance-and-Body-Fatness.pdf>

<https://www.iarc.who.int/featured-news/media-centre-iarchandbooks16/>

\*readily available, convenience foods that tend to be energy dense and often consumed frequently and in large portions

## Recommendation 3

10 Do you...

support Recommendation 3

If you do not support or only partially support Recommendation 3, please explain why.:

11 Do you...

partially the supplementary recommendations

If you do not support or only partially support the supplementary recommendations, please explain why.:

Alcohol causes at least seven types of cancer

23. We are surprised that the link to cancer is not mentioned as another reason to avoid alcohol use. Alcohol is a cause of at least seven types of cancer in adulthood. It feels remiss to not mention it in this section given links to cancer have been included in other evidence sections (in terms of dietary patterns and their link on adult cancer outcomes), and the very strong evidence linking alcohol to cancer.

Sources:

- <https://www.wcrf.org/wp-content/uploads/2024/10/Alcoholic-Drinks.pdf>
- <https://www.royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/alcohol-causes-cancer/>

24. We also suggest this wording used in the evidence section:

Children and young people should not drink any alcohol

is used in the Recommendations section instead of the current wording.

This is because the current wording in the Recommendations section could imply that there is a 'safe limit' of alcohol above 18 years old (which is not true when it comes to cancer).

25. We also support including a reference to kombucha in the recommendations section and not just the evidence section.

26. We strongly support the recommendation to limit sugary drinks, as this is a key cancer prevention recommendation – this is because sugary drinks are a key contributor to weight gain, and greater body weight is a cause of cancer in adulthood.

12 Do you have anything else to add on the topic of drinks in childhood and adolescence?

Comments:

## Recommendation 4

13 Do you...

partially support Recommendation 4

If you do not support or only partially support Recommendation 4, please explain why.:

Overweight and obesity in adulthood causes at least 13 types of cancer

27. A healthy body weight is linked to reduced risk of at least 13 types of cancer (not just the four listed) therefore we recommend the Healthy habits section that mentions the lower risk of cancer from a healthy body size is updated to capture this.

Sources:

- WCRF Body fatness and weight gain and cancer <https://www.wcrf.org/research-policy/library/body-fatness-and-weight-gain-and-cancer/>
- IARC Absence of excess body fatness <https://www.ncbi.nlm.nih.gov/books/NBK591880/>

14 Do you...

support the supplementary recommendations in Recommendation 4

If you do not support or only partially support the supplementary recommendations, please explain why.:

15 Do you have anything else to add on the topic of eating behaviours in childhood and adolescence?

Comments:

## Recommendation 5

16 Do you...

partially support Recommendation 5

If you do not support or only partially support Recommendation 5 please explain why.:

The Cancer Society strongly support the recommendation for a society-wide goal and actions that address unhealthy food environments.

28. The world children live in shapes the food they can regularly access and eat, and this in turn influences their body weight and health. What children and young people eat largely depends on what healthy or unhealthy food options are easily available, how much healthy foods cost relative to unhealthy foods, and how those foods are advertised, as well as other factors including household income.

29. We support all of the recommendations mentioned in this section to address society-wide actions.

30. However we note an absence of the role of schools in promoting and proving healthy food environments for children and young people in this section. We support a comprehensive school food and nutrition plan to make healthy food easily available in all schools and early childhood learning centres. This should include healthy food and drink policies and expansion and sufficient funding of the Ka Ora, Ka Ako Healthy Schools Lunch programme.

31. Furthermore, the Cancer Society supports the following society-wide interventions:

- The government creates policies (e.g., for wages, taxes, welfare and housing) that ensure low-income households can afford a healthy diet without relying on grants or food parcels.
- Development of a government-led Food and Nutrition Strategy that upholds Te Tiriti o Waitangi to clearly identify and address food systems that support culturally appropriate, sustainable and affordable healthy food to be easily accessible for all New Zealanders.
- Regulations to protect tamariki/children and rangatahi/adolescents from exposure to unhealthy food marketing.
- Adoption of a substantial sugar-sweetened drinks levy (e.g. 20%) in line with national and international recommendations to encourage sugar-sweetened drink reformulation and reduced consumption.
- Strengthening the existing Health Star Rating system and making it mandatory.
- Government-led food reformulation, including mandatory targets to reduce sodium, added sugar and saturated fat content of processed foods, and overall food supply goals.

17 Do you...

partially support the supplementary recommendations

If you do not support or only partially support the supplementary recommendations, please explain why.:

Food and drink marketing can influence food choices in ways that do not promote healthy eating.

32. This supplementary recommendation is not a recommendation, rather a statement. It would be more useful if the recommendation here was something like:

Actively promote and raise children and young people's advertising literacy and critical thinking skills, to encourage them to question the persuasive effects and claims of food and beverage advertising

18 Do you have anything else to add on the topic of supportive food environments?

Comments:

## Final questions

19 Are there any other topics you expected to see in the children and young people's dietary recommendations that have not been included in these draft recommendations?

No

If you selected yes, please specify:

20 Do you have any feedback on the style or format of the dietary guidelines?

Yes

If you selected yes, please specify.:

Pronouns used in recommendation statements

33. It is stated that the primary audience for the dietary guidelines is health practitioners, health promoters and policy makers.

Therefore, we recommend the recommendations are written for this audience instead of directly to 3-17 years old, as some are currently, which strikes as odd

E.g. instead say:

Make water the first choice of drink.

21 Would you be happy to be contacted again if we had specific questions in your area of expertise, or to clarify a response you have given in this survey?

Yes

22 Would you like to be kept informed about the publication of the Children and Young People's Dietary Guidelines and similar publications from the Ministry of Health?

Yes

23 Email address

If you answered yes to either of the previous two questions, please provide your email address:

emma@cancer.org.nz