

D2.2 Regional and platform-specific patterns of cancer- related disinformation report 2025



Co-funded by
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Co-funded by the European Union's EU4Health programme under grant agreement No 101219448. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.



Project number: 101219448

Project name: Beating Cancer Inequalities through Literacy in Europe

Project acronym: CURTAIN

Funding programme: EU4Health, EU4H-2024-PJ-02

Version number	
Status	Final
Dissemination level	Public
Due date of deliverable	31/12/2025
Actual submission date	31/12/2025
Project officer	Tomas Kniukšta
Work package	WP2 Mapping Cancer Literacy Resources, Stakeholders, Initiatives, relevant KPIs
Task Name	T2.2 Mapping cancer-related disinformation with a regional and local focus
Lead partner	EUROC
Partner(s) contributing	All partners
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Statement of originality This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.



Version Tracker

Date	Version number*	Change
22/12/2025	0.1	First draft
26/12/2025	0.2	Addressing comments
31/12/2025	1	Final version



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Executive Summary

This report provides a systematic, comparative analysis of online narratives associated with cancer-related disinformation across selected European and neighboring countries between September 1 and December 1, 2025. It identifies dominant narrative domains, analyzes regional and country-level differences, assesses platform-specific dissemination dynamics, and outlines structural risk factors to inform public health responses.

Key Findings

1. Interconnected Narrative Ecosystem: Cancer-related misinformation is not a collection of isolated false claims but a complex, uneven, and platform-driven ecosystem. It primarily revolves around three interlinked narrative domains:

- Food supplements claiming curative power: High amplification risk, often presenting simplified claims of prevention or cure.
- Natural remedies vs. medical treatment: The most persistent production environment, reframing cancer as a lifestyle imbalance and promoting alternative interventions.
- Distrust in health authorities, pharmaceutical companies, and vaccines: Functions as an enabling layer, undermining confidence in conventional care and legitimizing alternative claims.

2. Uneven Distribution of Risk: Misleading narrative risk is highly concentrated. Romania emerged as a significant high-risk environment due to the convergence of all three domains at scale, with high publication volume, actor participation, and recorded views, primarily on TikTok. Other countries like Bulgaria showed dominance in a single domain (natural remedies), while Portugal, Moldova, and Montenegro exhibited more limited or selective exposure.

3. Platform Dynamics are Crucial: Platform choice is a stronger determinant of exposure than narrative diversity.

TikTok consistently acts as the primary amplification engine, rapidly scaling simplified narratives, leading to exceptionally high view counts even with moderate publication volumes (e.g., Romania, Moldova).

YouTube and Telegram contribute to persistence and redundancy, enabling sustained circulation across multiple channels.

Facebook serves as a structural backbone, supporting high participation but lower recorded visibility, maintaining narratives within broader health discussions.



4. Narrative Adaptation to Cultural Contexts: The "Natural Remedies" and "Distrust" narratives adapt to specific cultural and geopolitical anxieties. In Southern Europe (Italy, Portugal), disinformation mimics medical science, using pseudo-scientific terms. In Eastern Europe (Romania, Bulgaria), narratives retreat to tradition, religion, and folklore. In crisis zones (Ukraine, Moldova), they blend with survivalism or political polarization.

5. "Low Volume Does Not Mean Low Risk": A small number of items can generate extremely high exposure due to strong amplification (e.g., Moldova), highlighting that content volume alone is a poor proxy for risk. Harmful content often circulates with neutral sentiment, complicating automated detection.

The report concludes that cancer-related disinformation is a "narrative ecosystem problem" requiring differentiated, context-sensitive strategies. Recommendations include:

- 1. Adopt Differentiated Strategies:** Tailor interventions to national narrative configurations, focusing on amplification control in high-convergence environments and targeted communication for single-domain dominance.
- 2. Prioritize Platform-Sensitive Communication:** Design communication strategies with platform logics in mind, using concise, visually engaging content on TikTok, and repeatable reference content on YouTube/Telegram. Focus on narrative competition, not just factual correction.
- 3. Address Distrust Directly:** Recognize distrust as a primary enabling narrative. Acknowledge uncertainties, address perceived conflicts of interest transparently, and support trusted intermediaries.
- 4. Integrate Narrative Monitoring:** Embed narrative-based monitoring into cancer prevention and control policies to identify emerging risks and inform communication campaigns.
- 5. Strengthen Evaluation and Evidence:** Conduct rigorous evaluations of intervention effectiveness, focusing on reach, engagement, and changes in understanding/trust.
- 6. Invest in Long-Term Health Literacy:** Promote health literacy and critical thinking skills that explicitly address cancer-related narratives, including supplements, natural remedies, and institutional trust, resonating with local cultural frames.

This comprehensive approach is vital for strengthening public trust, resilience to misinformation, and ultimately improving public health outcomes.



Introduction

Cancer-related misinformation and disinformation have become a persistent and increasingly consequential feature of contemporary digital information environments. Across social media platforms, messaging applications, and online video ecosystems, misleading narratives about cancer prevention, diagnosis, and treatment circulate alongside evidence-based information, often achieving higher visibility, stronger engagement, and greater emotional resonance. These dynamics pose significant risks for public health, as they can undermine trust in medical institutions, distort perceptions of risk, delay preventive behaviors and treatment-seeking, and encourage the adoption of unproven or harmful alternatives.

The problem is not limited to isolated false claims. Instead, cancer-related disinformation operates through recurring narrative patterns that adapt to platform logics, cultural contexts, and existing trust deficits. Narratives promoting “natural” or alternative remedies, exaggerated or misleading claims about food supplements, and distrust toward health authorities, pharmaceutical companies, and vaccines frequently intersect and reinforce one another. Together, they form a narrative ecosystem that reshapes how cancer is understood in the public sphere – often simplifying complex medical realities into emotionally compelling but misleading explanations.

The rapid growth of short-form video platforms and algorithmically driven content distribution has further intensified these challenges. Platform architectures prioritising engagement over accuracy enable certain narratives to scale rapidly, even when produced by a relatively small number of actors. As a result, exposure to potentially misleading cancer-related content is highly uneven across countries and platforms, creating distinct national and regional risk profiles rather than a uniform “cancer misinformation” phenomenon.

Against this backdrop, the present report aims to provide a systematic, comparative mapping of online narrative environments associated with cancer-related disinformation across selected European and neighboring countries. Rather than focusing on the verification of individual claims, the analysis adopts a narrative-environment perspective, examining how specific thematic domains circulate, where they concentrate, and how platform dynamics shape their visibility and persistence.

The research underpinning this report pursues four interrelated objectives:

- To identify and map dominant narrative domains associated with cancer-related disinformation, with a focus on (i) food supplements claiming curative

- power, (ii) natural remedies positioned against medical treatment, and (iii) distrust in health authorities, pharmaceutical companies, and vaccines.
- To analyze regional patterns and country-level differences in the scale, structure, and amplification of these narratives, highlighting environments of convergence, single-domain dominance, selective exposure, or minimal signal.
 - To assess platform-specific dissemination dynamics, we examine how different platforms contribute to amplification, persistence, and redundancy of cancer-related narratives across countries.
 - To support evidence-informed responses by identifying structural risk factors – such as extreme amplification, narrative convergence, or trust erosion – that should inform public health communication, policy interventions, and future monitoring efforts.

This report is structured to move from conceptual framing to empirical analysis and comparative interpretation. Following the introduction, the report outlines the theoretical and definitional foundations of disinformation in the online environment, with a specific focus on health- and cancer-related misinformation. It then reviews relevant research literature to contextualize the analytical approach adopted. The core of the report presents the narrative-based monitoring methodology and the empirical findings, including an overview of the overall narrative landscape, followed by detailed analyses of regional patterns across partner countries and platform-specific dissemination dynamics. Subsequent sections examine the internal structure of dominant narratives and their interaction across domains, supported by comparative data visualizations and country-level insights. A dedicated contextual reference section situates the findings within the broader English-language online environment.

The report concludes by synthesizing key findings, highlighting structural risks and implications for public health communication and policy, and outlining considerations for future monitoring and intervention efforts.

By situating cancer-related disinformation within broader information ecosystems rather than treating it as a collection of isolated falsehoods, the report seeks to contribute to a more nuanced understanding of how misleading narratives emerge, spread, and gain influence online. This approach provides a foundation for differentiated, context-sensitive strategies to strengthen cancer communication, public trust, and resilience to harmful misinformation.



I. Disinformation: definition, forms, and dynamics in the online environment

I.1. Disinformation typologies

Disinformation is the deliberate creation and dissemination of false or manipulative content with the intent to deceive or mislead. Disinformation can encompass all forms of false, misleading, or inaccurate content, from accurate information around which a false context has been generated, to photo manipulation and video propaganda by actors with an ideological agenda, to entirely fabricated content.

The phenomenon of disinformation in the online environment takes on various forms. A comprehensive typology of online disinformation starts from the working definition used by the European Union, but is not limited to it. Within the framework of communication disorders (information disorder), researchers in the field identify seven forms of disinformation (disinformation) or misleading information (misinformation). Some of these refer to falsifications of content, such as photo- and video-manipulation, fabricated content (100% fake), and impostor content (mimics legitimate news and information sources). Others fall instead into the sphere of interpretations that can be misleading: false or misleading contextualization of facts, deceptive content, clickbait (characterized by the lack of concordance between title and content, images and content, etc.), satire and parody (which, due to the documented effects on the audience, can be harmful or misleading). Other typologies of disinformation distinguish between the degree of truth (facticity, i.e. the extent to which verifiable factual elements support the statements) and the intention to deceive, at the intersection of the two axes finding various categories of messages, from pseudo-news (what is usually understood by fake news), to statements that manifest a marked ideological charge, instead of being limited to objective facts.

Information disorder is classified into three categories: disinformation (which refers to false or inaccurate information intended to mislead or deceive), misinformation (which refers to false content spread by an individual who does not realize that the content is false or misleading), and malinformation (authentic information that is distributed with the intent to cause harm) (Wardle & Derakhshan, 2017, p. 5). Disinformation is

false information intentionally spread to manipulate and/or mislead. The term "fake news" has been characterized as "news articles that are deliberately and verifiably falsified, with the potential to mislead readers. Therefore, fake news is a concrete example of disinformation (Shu et al., 2020, p. 2).

Strategic disinformation is a problem with global impact, transcending the political realm and affecting various aspects of information, including climate change or entertainment. US President Donald Trump's accusations of the press and journalists as supporters of "fake news" have contributed to accelerating efforts and funding allocations in this direction (Wardle & Derakhshan, 2017, pp. 18-19).

Disinformation also refers to false, inaccurate, or misleading information. It is important to note that, to be deceptive, the information itself need not be false; it can be presented out of context. The divergence in definitions refers to the intent behind disinformation. Some definitions argue that disinformation is designed to be spread and deceive, while others allow for it to be created or spread accidentally, without the intention to deceive. There are also intermediate definitions that do not mention intentionality at all or state that it may or may not exist in the process of disinformation (Treen, 2020, p. 1).

At the same time, disinformation is a strategic tactic that involves the intentional distribution of content (text, photo, video), either entirely false or combining true and false information, regarding a person, object, fact or event, with the explicit aim of causing harm or ignoring the possibility of causing them (Wardle & Derakhshan, 2017, pp. 18-19). Typically, disinformation includes various methods such as the use of automated digital accounts for astroturfing, the creation of networks of fake followers, the manipulation or fabrication of videos, targeted advertising, the organization of trolling, the use of visual memes, and others. Essentially, disinformation focuses on intent, with the individual resorting to this practice aiming to mislead and cause harm (Armanca et al., 2021, pp. 11-12).

On the other hand, misinformation refers to incorrect information intended to deceive the audience, and the individual spreading it does not do so intentionally, believing it to be true (Hussain, 2023, p. 13). Finally, misinformation is information derived from reality that is used to cause harm to a person, organization, or country. Thus, according to this widely accepted model, the main distinction between disinformation and misinformation lies in the intention behind the dissemination of information (Balkan & Ulgen, 2023, p. 8).



Malinformation also refers to a strategy that involves the intentional dissemination of authentic content (text, photo, video) about a person, object, fact, or event, with the explicit aim of causing harm, or without considering the potential damage it may cause. Typically, this is content that includes personal information intended to remain confidential (Armanca et al., 2021, pp. 11-12).

1.2. False cures and myths: health-related disinformation online

The outbreak of the COVID-19 pandemic occurred in a challenging context for institutions and social actors engaged in public dialogue about health. The pandemic has highlighted a series of essential vulnerabilities. An enormous amount of misinformation about the coronavirus vaccine, cures, and authorities' or experts' recommendations has also left its mark on the public's level of distrust in official cancer recommendations and treatments.

WHO distinguishes misinformation from disinformation primarily by intent: misinformation is false information shared without intent to mislead, while disinformation is created or spread with knowledge that it is false and with an intention to deceive and cause harm (or profit) (WHO, 2024). This distinction matters operationally because public health responses may differ; correcting misunderstandings among well-intentioned sharers is not the same as countering coordinated manipulation campaigns (WHO, 2024). A report from the University of Nebraska Medical Center emphasizes that health misinformation behaves "like a pathogen": it is hard to detect, rapidly transmissible, emotionally compelling, and harmful at both individual and population levels. Common warning signs include sensational claims, emotionally charged language, cherry-picked or decontextualized data, and missing credible sources (University of Nebraska Medical Center, 2025). WHO further frames disinformation as an "information risk" that can deliberately undermine trust in institutions such as governments, scientific experts, and public health agencies, during COVID-19, WHO notes that fear and uncertainty combined with high-speed, high-reach online communication created "perfect storm" conditions, contributing to delayed vaccine uptake, social unrest, and, in some cases, higher mortality (WHO, 2024).

Several psychological and social dynamics help explain uptake and sharing. A recent report highlights the illusory truth effect (where repetition increases perceived truth), the role of high-arousal emotions (fear, anger, and outrage increase engagement),



and the way misinformation can satisfy human needs for identity, belonging, and control (University of Nebraska Medical Center, 2025). Importantly, susceptibility is often less about intelligence and more about cognitive shortcuts, existing beliefs, distrust, and information overload – implying that effective response strategies should be grounded in empathy rather than judgment (University of Nebraska Medical Center, 2025).

Harms are described at multiple levels. At the individual and clinical level, misinformation can erode trust in clinicians and science, delay or prevent care (including preventive services), worsen health outcomes, and increase strain on health systems, often shaping patients' beliefs well before clinical contact occurs (University of Nebraska Medical Center, 2025). At the population and system level, a systematic review of reviews reports that the proportion of health-related misinformation on social media varies widely (from 0.2% to 28.8%, depending on the topic and platform), with major platforms such as Twitter/X, Facebook, YouTube, and Instagram playing important roles in dissemination. Documented negative consequences include misleading interpretations of evidence, mental health impacts, misallocation of health resources, increased vaccine hesitancy, delayed care, and the growth of hateful or divisive rhetoric (Suarez-Lledo & Álvarez-Gálvez, 2021). The review further notes that misinformation can circulate rapidly in closed groups (such as messaging apps and community networks), may disproportionately affect individuals with low health literacy and older adults, and is often linked to recurring sources, such as anti-vaccination groups or problematic commercial promotions (Suarez-Lledo & Álvarez-Gálvez, 2021).

1.3. Understanding cancer-related disinformation in the digital age

The emergence of new media, the proliferation of disinformation, the rise of health activism, and a growing distrust in science are just a few of the challenges that have brought about a new dynamic in public health communication about cancer treatment and prevention. The current diversity of media platforms has allowed for the rapid dissemination of false and erroneous information about cancer, some of which is even generated by scientists. Differences in opinions among certain medical experts have been disclosed on social platforms, facilitating the politicization and moralization of public health recommendations. Moreover, the number of websites and social media influencers peddling cancer quackery has grown rapidly over recent years (Furlow, 2024).



For example, between 2018 and 2019, nearly one-third of popular social media cancer articles contained misinformation, and 76.9% of these contained harmful information. Even more concerning is that among the most popular articles on Facebook, those containing misinformation and harmful content received statistically significantly more online engagement (Johnson et al., 2022). These articles contained harmful information that could lead to adverse consequences, such as treatment delays, toxicity from recommended tests or procedures, and/or adverse interactions with the current standard of care. A separate study showed “a significant negative correlation between scientific quality and viewer engagement among prostate cancer informational videos on YouTube” (Loeb et al., 2019). In this case, online users were more likely to view poor-quality or biased videos rather than higher-quality information.

In the digital era, individuals have gained more autonomy, but they are confronted with substantial amounts of conflicting information disseminated by various media platforms. Increasing the volume of official information and debunking cancer-related disinformation may not be effective unless the content is made more compelling and disseminated to diverse audiences through their preferred channels. Understanding the main trends leading to the cancer infodemic, as well as classifying the messages around cancer from mainstream media and social media, represents a significant step in combating cancer misinformation.

Misinformation about cancer is a widespread and persistent problem that exploits psychological biases and the dynamics of online communication to influence how people think and act about their health. Cancer misinformation often plays on people’s emotions, especially fear, confusion, and the desire for control, when they or loved ones are diagnosed (The Conversation, 2025) This kind of content crafts simple, often sensational narratives that promise hope or miraculous cures, which can feel intuitively appealing even when they lack scientific evidence. Because these messages resonate emotionally, they are more likely to be shared and believed, underscoring how cancer misinformation leverages cognitive shortcuts and affective responses in human reasoning.

Social media platforms amplify the problem by enabling rapid, unregulated spread of information without editorial oversight. Inaccurate and misleading posts about cancer risk factors, treatments, and causes proliferate widely on platforms such as Facebook, TikTok, Instagram, and YouTube. These posts often receive higher engagement, likes, shares, and comments than evidence-based content, increasing their visibility and influence. Exposure to such misinformation can skew attitudes and behaviors, leading

individuals to distrust medical advice, pursue unproven remedies, or delay beneficial treatments. The article also points out that the nature of social media, favoring emotionally engaging content, makes misinformation particularly difficult to counter and requires coordinated efforts from clinicians, researchers, platforms, and patients to address it (Loeb et al., 2024).

The National Cancer Institute (NCI) elaborates on how cancer misinformation affects individuals and health care decisions. People often turn to the internet and social media when overwhelmed by a cancer diagnosis, where they encounter “scientific-sounding” articles or videos that may present untested natural treatments or miracle remedies. According to NCI experts, a significant proportion of widely shared cancer content contains inaccuracies, and much of this misinformation is potentially harmful because it may discourage adherence to proven screening, prevention, or treatment protocols. The NCI emphasizes the importance of open communication between patients and healthcare providers, encouraging clinicians to listen empathetically to patients' concerns and guide them to credible sources of information. It also highlights that combating cancer misinformation will require continued research into how misinformation spreads, how to evaluate its impacts on health outcomes, and how best to educate the public to critically assess the reliability of online health information (National Cancer Institute, 2021).

Cancer misinformation thrives in the digital age by exploiting emotional responses and platform mechanics to overshadow evidence-based information. Its impacts range from misunderstandings and anxiety to harmful health choices, underlining the need for improved health literacy, proactive communication by medical professionals, and systemic strategies to reduce the influence of misleading cancer information on the public.

1.4. European and national initiatives addressing cancer-related disinformation

At both European and national levels, combating cancer-related misinformation and disinformation has increasingly been recognised as a critical public health challenge, given its impact on prevention behaviours, screening uptake, treatment adherence, and trust in health systems. Recent initiatives reflect a gradual shift from isolated awareness campaigns toward more integrated approaches that combine evidence-based communication, digital monitoring, fact-checking, and citizen engagement.



At the European level, initiatives focus primarily on strengthening the information ecosystem around health and cancer by improving the detection of misleading narratives, fostering collaboration between researchers, fact-checkers, and health authorities, and promoting evidence-based public communication. Pan-European platforms support systematic monitoring of online content, early identification of emerging health-related misinformation, and coordinated responses across countries. In parallel, research and innovation projects place increasing emphasis on citizen-centered communication, personalized prevention messages, and social innovation, aiming to bridge gaps between scientific evidence and public understanding of cancer prevention and care. These initiatives are closely aligned with broader EU policy frameworks on cancer prevention, digital resilience, and the fight against disinformation, contributing to a more coherent and coordinated response across Member States (see Annex 1 for an overview of European initiatives).

At the national level, responses to cancer-related misinformation vary considerably across countries, reflecting differences in institutional capacity, health literacy levels, and media environments. Many countries address misinformation indirectly, through national cancer control plans, screening programs, and prevention campaigns that prioritize public awareness and access to reliable information. More targeted initiatives have emerged in recent years, including dedicated fact-checking platforms, expert-led portals debunking common cancer myths, vaccination campaigns explicitly designed to counter false narratives, and community-based outreach efforts combining education with screening or counselling services. In several contexts, civil society organizations, professional medical associations, and academic institutions play a central role, often complementing or filling gaps left by public authorities. Digital channels – particularly social media, online portals, and podcasts – are increasingly used to reach vulnerable or hard-to-reach groups. At the same time, some initiatives explicitly focus on strengthening critical thinking and media literacy related to health information (see Annex 2 for a detailed mapping of national initiatives).

Overall, the landscape of initiatives reveals a growing awareness that cancer-related disinformation cannot be addressed solely through corrective messaging. Effective responses tend to combine trusted messengers, transparent and accessible language, institutional credibility, and long-term engagement with citizens, while also acknowledging the emotional and social dimensions of cancer-related beliefs. However, the attached mapping also highlights persistent fragmentation, uneven geographical coverage, and limited systematic evaluation of impact. These gaps underline the need for stronger coordination, knowledge exchange, and integration of disinformation-sensitive approaches into mainstream cancer prevention and control policies.



II. Cancer-Related Online Misinformation. Evidence from Partner Countries

II.1. Research Objectives

Research on health misinformation consistently shows that cancer-related narratives occupy a distinct and persistent position within online information ecosystems. Across social media platforms, misleading or unsupported claims concerning cancer prevention, treatment, and cure are repeatedly documented, often circulating alongside neutral or corrective information but benefiting from high levels of visibility and engagement. Academic studies and institutional analyses identify recurrent thematic patterns, platform-specific amplification dynamics, and trust-related factors that shape how such narratives emerge, spread, and persist.

The body of research reviewed in this chapter focuses on three interrelated dimensions that are directly relevant to the present analysis: dominant thematic clusters in cancer misinformation, the role of platform architectures in shaping exposure and engagement, and the relationship between misinformation and public trust in medical institutions and evidence-based care. Studies from oncology, public health, sociology, and communication research demonstrate that claims promoting unproven cures or supplements, oppositional framings between natural remedies and conventional treatments, and narratives expressing distrust in health authorities are not isolated phenomena but form interconnected, mutually reinforcing patterns. By synthesizing findings from this literature, the chapter provides an empirical and conceptual reference point for interpreting the narrative environments identified through OSAVUL monitoring. The external research presented here establishes that the patterns observed across countries and platforms in Deliverable D 2.2 correspond to well-documented dynamics in the broader online cancer information landscape, supporting the analytical assumptions and interpretive approach applied in the subsequent sections of the report.



II.2. Cancer-Related Misinformation Themes

Multiple studies show that cancer-related misinformation online frequently clusters around narratives like the three domains mapped in this deliverable:

- Claims promoting unproven cures and supplement efficacy are highly prevalent and spread widely on social platforms (Loeb, 2024).
- Natural remedies positioned against conventional care recur in social media content, often framed through anecdote or lifestyle logic (Warner et al., 2022).
- Distrust of health authorities, pharmaceutical companies, and vaccine functions as a legitimizing frame for alternative explanations and treatments, consistent with broader misinformation dynamics.

For example, Loeb’s review of cancer misinformation online describes how social media frequently exposes users to misleading or false content about cancer etiology, prevention, and treatment, including posts that favour “natural” or alternative explanations over evidence-based care (Loeb, 2024). Other work has developed conceptual frameworks for understanding how such misinformation influences perceptions and behaviour, including nutrition-related cancer misinformation (Warner et al., 2022).

Independent studies also document that platform architecture matters:

- Short-form video platforms like TikTok can amplify simplified health messages that lack rigorous evidence, and a substantial fraction of TikTok health content may be misleading (Kirkpatrick et al., 2024).
- Studies analyzing cancer-related videos on TikTok report that most of the content relevant to queries like “cancer cure” contains unverified or misleading claims, reinforcing the notion that algorithmic exposure can favor engagement over accuracy (Baker, 2025).
- Comparative work on YouTube, TikTok, and similar platforms shows varied quality and reliability across sources and content types, underlining how platform choice shapes the visibility and persistence of narratives (Liu et al., 2024).

These findings support the report’s conclusion that TikTok functions as a high-amplification channel, with other platforms like YouTube and messaging services contributing to sustained circulation of narratives.

Research also highlights the real-world relevance of misinformation exposure:

- Exposure to cancer treatment misinformation on social media is widespread among adults and is linked to beliefs in alternative therapies, uncertainty about evidence, and intentions to share misleading posts (Lazard et al., 2023).
- National cancer institutes and clinical commentators note that misinformation about cancer is pervasive online and can be harmful to patient understanding and decision-making, particularly when it erodes trust in evidence-based care (National Cancer Institute, 2021).

These observations are consistent with the report's framing of distrust as an enabling narrative layer that may increase the likelihood that audiences accept misleading interpretations as credible.

II.3. Methodology

This deliverable provides a structured mapping of online narrative environments associated with misleading and potentially harmful claims related to cancer prevention and treatment. Its primary objective is to identify where, how, and through which platforms such narratives circulate across partner countries, and to highlight regional differences and platform-specific dissemination patterns.

The analysis is organized around three interlinked narrative domains: Food supplements claiming curative power, Natural remedies vs. medical treatment, and Distrust in health authorities/pharmaceutical companies/vaccines. These domains are examined together because they form a connected ecosystem of meaning in which misleading cancer-related claims can emerge, gain legitimacy, and be reinforced through repeated exposure.

Rather than treating disinformation as a collection of isolated false statements, this report adopts a narrative-environment perspective. It focuses on the scale, visibility, and structural dynamics of online narratives that can shape public understanding of cancer prevention and treatment, including narratives that simplify complex medical processes, promote unproven alternatives, or undermine trust in evidence-based healthcare.

Monitoring is narrative-domain-based. As a result, datasets include a mix of cancer-relevant content, tangential material, and neutral or corrective items. All reported engagement and visibility metrics, therefore, reflect platform-recorded exposure within narrative environments, not verified exposure to false claims. Where misleading narratives are discussed, they are presented as recurring narrative types observed

within high-impact environments, not as exhaustive classifications of all monitored content.

II.3.1. Approach and Key Indicators

Online content was monitored across TikTok, YouTube, Telegram, Facebook, Twitter/X, and on the web using predefined Boolean queries aligned with the three narrative domains. The monitoring approach prioritizes narrative consistency over isolated keywords, allowing the capture of broader frames through which cancer prevention and treatment are discussed online.

Outputs include country-level narrative overviews and structured datasets containing item-level metrics (publications, views, reactions), platform identifiers, and actor metadata. These outputs enable comparative analysis across countries, domains, and platforms.

Narrative-based logic means that monitoring streams capture the environments of discourse rather than validated misinformation items. For this deliverable, the three domains were analysed separately but interpreted together, as they often co-occur and interact in online spaces discussing cancer.

The analysis relies on five core indicators: publication volume, number of actors, recorded views, recorded reactions, and platform distribution. Actor-based indicators are used to assess whether dissemination is driven by many low-output actors or by a smaller number of obvious accounts, and to identify asymmetries between participation and visibility across platforms.

Platform-reported engagement metrics are subject to platform-specific availability and comparability constraints. Not all monitored items directly address cancer prevention or treatment. A distinction in relevance is therefore drawn between cancer-relevant content and tangential material. Analytical conclusions regarding misleading cancer-related narratives are based primarily on the cancer-relevant subset, while broader metrics are used to characterise narrative environments.

All findings relate strictly to the period from 1 September to 1 December 2025 and do not assume continuity beyond this window.

II.3.2. Methodological and Interpretive Disclaimer



This deliverable presents a narrative-environment mapping of online content associated with cancer-related disinformation, based on platform-available data collected during a defined monitoring period. The analysis focuses on patterns of narrative circulation, platform dynamics, and recorded visibility within thematic domains, rather than on the verification or classification of individual content items as true or false.

All engagement indicators (including publications, views, and reactions) reflect platform-reported or platform-accessible metrics and are subject to variation in data availability, measurement standards, and reporting practices across platforms. Recorded exposure may include repeat views, algorithmic resurfacing, and cross-posting. It should therefore be interpreted as indicative of relative visibility within narrative environments rather than as a measure of unique users or real-world impact. The datasets analysed include a mix of cancer-relevant content, tangential material, and neutral or corrective information triggered by narrative-domain queries. Analytical conclusions regarding misleading cancer-related narratives are based on observed recurring narrative structures and high-impact environments, not on exhaustive content verification.

Findings are strictly limited to the specified monitoring period and do not imply persistence or change beyond that timeframe. Country-level and platform-level patterns reflect the interaction between narrative content, platform architecture, and monitoring constraints, and should be interpreted within the methodological boundaries outlined in this report.

II.4. Patterns across partner countries

The broad concern about health misinformation extends beyond cancer to other health topics, with research documenting high levels of misinformation on TikTok and other social media platforms across contexts. While not specific to cancer, this broader evidence corroborates the mechanisms by which simplified narratives, algorithmic amplification, and platform norms influence visibility across languages and regions (Kirkpatrick et al., 2024).

At the partnership level, the three narrative domains form a layered information ecosystem. During the monitored period, Food supplements claiming curative power generated the highest recorded audience exposure, with 579.3 million views and 42.9 million reactions across 15,828 publications from 6,411 actors. This indicates strong amplification dynamics, where relatively compact narratives can achieve enormous reach. Recorded view counts reflect platform-reported metrics aggregated at the



content level and may include repeat exposure, algorithmic resurfacing, and cross-posted material.

Natural remedies vs. medical treatment represents the largest production environment, with 41,076 publications, 15,213 actors, 357.1 million views, and 26.1 million reactions. The scale of participation suggests a broad and persistent discourse that repeatedly reframes cancer through non-medical lenses.

Distrust in health authorities/pharmaceutical companies/vaccines is smaller in volume (4,691 publications) but remains strategically significant, accumulating 91.4 million views and 5.5 million reactions. In some national contexts, this domain reaches audiences comparable to the other two and functions as an enabling frame that legitimizes alternative or non-evidence-based claims.

Across all three domains, recorded exposure is highly concentrated. A small number of national environments account for a disproportionate share of total views and reactions, meaning that partnership-level totals reflect both widespread participation and extreme concentration of visibility.

Across the partnership, platforms play distinct structural roles. TikTok functions as the primary amplification engine, concentrating recorded visibility and enabling rapid scaling of simplified narratives. YouTube supports sustained reach in multi-platform environments, particularly in Ukraine and Bulgaria. Telegram acts as a persistence and recirculation layer, while Facebook consistently shows high participation but low recorded visibility, functioning as a background infrastructure for narrative maintenance.

The three domains interact in reinforcing ways. Food supplements claiming curative power and Natural remedies vs. medical treatment provide alternative framings of cancer. At the same time, Distrust in health authorities/pharmaceutical companies/vaccines undermines confidence in conventional guidance and legitimizes these alternatives.

Recurring misleading narrative structures include:

- Simplified cause-and-effect claims linking single products to cancer prevention or cure;
- Reframing cancer as a lifestyle imbalance rather than a medical condition;
- Allegations of suppressed treatments or institutional deception.

Platforms shape how far these narratives travel, but the narrative structures themselves remain portable across countries and languages.



Romania: high-impact convergence across all domains

Romania is the dominant environment across all three narrative domains. In Food supplements claiming curative power, Romanian content alone accounts for 547.3 million views out of 579.3 million partnership-wide. TikTok drives almost all recorded visibility (546.4 million views), indicating extreme platform concentration.

Narratives observed in this environment frequently frame supplements as direct cancer cures or reliable preventive solutions, often implying that conventional treatment is unnecessary or ineffective. These narratives achieve exceptional reach due to TikTok amplification.

In Natural remedies vs. medical treatment, Romania records 7,335 publications, 102.7 million views, and 9.1 million reactions. Here, cancer is often reframed as a condition linked to lifestyle imbalance or toxicity, with dietary or holistic interventions positioned as primary responses.

Distrust in health authorities/pharmaceutical companies/vaccines in Romania reaches 87.5 million views, again primarily via TikTok. Recurring narratives include claims of suppressed cures and allegations that medical institutions prioritize profit over patient outcomes. Romania, therefore, represents the highest-risk environment within the partnership due to the convergence of all three domains at scale.

Bulgaria: dominance of natural-remedy narratives

A single-domain dominance characterizes Bulgaria. Natural remedies vs. medical treatment generates 197 million views, 20,885 publications, and 7,850 actors, with visibility spread across TikTok, YouTube, and Telegram. Cancer is frequently reframed as reversible through dietary change, herbal remedies, or detox practices. The other two domains remain present but limited in scale, making Bulgaria a focused high-risk environment rather than a convergent one.

Ukraine: multi-platform persistence

Ukraine presents a structurally different pattern. Visibility is distributed across YouTube, Telegram, TikTok, and Facebook. In Food supplements claiming curative power, Ukraine records 20.8 million views, with YouTube as the leading platform. In Natural remedies vs. medical treatment, the video has reached 37 million views across all major platforms.



Narratives in Ukraine frequently combine supplement promotion with lifestyle-based framings, creating persistent multi-platform circulation rather than extreme single-platform amplification.

Italy: stable TikTok-first circulation

Italy shows consistent platform ordering across all domains. TikTok is the primary visibility driver, with Telegram acting as a stable secondary channel. In Natural remedies vs. medical treatment, Italy records 16.5 million views, while Food supplements claiming curative power reach 3.1 million views.

Misleading narratives observed tend to frame supplements or natural practices as safer, preventive alternatives, rather than explicitly rejecting medical care.

Portugal: selective exposure

Portugal registers moderate visibility in Food supplements claiming curative power (2.1 million views) and Natural remedies vs. medical treatment (1.8 million views), primarily driven by TikTok. Distrust in health authorities/pharmaceutical companies/vaccines remains marginal (1,513 views), indicating limited resonance during the monitored period.

Republic of Moldova: amplification with low volume

The Republic of Moldova illustrates how low publication volume can coincide with high recorded exposure. Only 186 publications in Food supplements claiming curative power generate 5.8 million views, almost entirely via TikTok. This indicates extreme amplification of simplified narratives.

Montenegro: minimal-signal environment

Montenegro remains low-volume and low-reach across domains. Distrust in health authorities/pharmaceutical companies/vaccines records zero views and reactions, indicating no measurable amplification during the monitored period.

II.5. Key Findings of the Online Narratives Analysis

The mapping of online narratives associated with cancer-related disinformation across partner countries reveals a set of structural, regional, and platform-driven patterns that go beyond simple differences in content volume. Taken together, these findings describe how misleading cancer-related narratives circulate, where they concentrate, and under which conditions they are most likely to gain visibility and influence.



II.5.1. Misleading narrative risk is highly uneven across countries

One of the clearest findings of the mapping exercise is that risk is not evenly distributed across the partnership. Instead, a small number of national environments account for a disproportionate share of recorded exposure to potentially misleading cancer-related narratives.

Romania emerges as the most significant high-risk environment. Across all three domains – Food supplements claiming curative power, Natural remedies vs. medical treatment, and Distrust in health authorities/pharmaceutical companies/vaccines – Romania combines high publication volume, high actor participation, and exceptionally high recorded views, concentrated mainly on TikTok. This convergence creates conditions in which misleading narratives are not only present but systematically amplified, increasing the likelihood that simplified or alternative framings of cancer prevention and treatment reach massive audiences.

Bulgaria represents a different but still high-risk configuration. Here, the risk of a misleading narrative is highly concentrated in a single domain: natural remedies vs. medical treatment. The scale of production and reach within this domain – combined with multi-platform dissemination – indicates a deeply embedded narrative environment in which alternative framings of cancer circulate persistently and broadly. By contrast, countries such as Portugal, the Republic of Moldova, and Montenegro show more limited or selective exposure, either because misleading narratives remain confined to one or two domains, because recorded reach is low, or because amplification dynamics are weak or absent during the monitored period. These environments should not be interpreted as immune, but rather as lower-signal contexts within the specific timeframe.

II.5.2. Platform dynamics shape exposure more than narrative diversity

Across all countries and domains, platform choice is a stronger determinant of recorded exposure than narrative diversity itself. The same broad misleading frames – supplement-based cures, natural alternatives, institutional distrust – appear across contexts, but their impact depends on where they circulate.

TikTok consistently functions as the primary amplification engine. In TikTok-dominant environments, recorded views are often concentrated in a small number of obvious

items, meaning that exposure can increase rapidly even when publication volume is moderate. This dynamic is evident in Romania and the Republic of Moldova, where TikTok-driven amplification produces exceptionally high view counts relative to the size of the content ecosystem.

YouTube and Telegram play different roles. In countries such as Ukraine and Bulgaria, these platforms contribute to persistence and redundancy, enabling narratives to circulate across multiple channels and remain visible over time. Rather than producing extreme spikes, these platforms support sustained exposure, thereby reinforcing misleading interpretations through repetition.

Facebook consistently appears as a participation-heavy but visibility-light platform. While actor participation and publication activity are often substantial, recorded views remain low or inconsistently available. This does not imply low real-world exposure; rather, it indicates that Facebook serves as a structural backbone. In this space, narratives are maintained, repeated, and integrated into broader health or lifestyle discussions, even if they do not go viral.

II.5.3. Different domains generate different types of misleading risk

The three narrative domains mapped in this deliverable do not contribute equally to the risk of misleading. Food supplements that claim curative power pose the highest amplification risk. Across the partnership, this domain generates the largest share of recorded views and reactions, often driven by simplified claims that position specific products or compounds as preventive or curative solutions. The misleading risk here lies primarily in oversimplification and implied substitution, where supplements are presented as sufficient responses to cancer risk or diagnosis.

Natural remedies vs. medical treatment is the most significant and persistent production environment. Its misleading risk is more diffuse but potentially more ingrained, as cancer is frequently reframed as a lifestyle or balance problem rather than a medical condition requiring specialized care. The high number of actors and publications suggests that this domain can normalize alternative framings over time, especially in multi-platform environments.

Distrust in health authorities/pharmaceutical companies/vaccine functions as an enabling or legitimizing layer. Although smaller in overall volume, it can reach large audiences in specific contexts (notably Romania) and provides a narrative framework

that undermines confidence in evidence-based prevention and treatment. Where it intersects with the other two domains, it increases the likelihood that alternative claims are interpreted as credible or necessary.

II.5.4. Low volume does not mean low risk

A critical insight from the mapping is that low publication volume does not necessarily correspond to low misleading impact. The Republic of Moldova illustrates how a small number of items can generate very high recorded exposure when amplification is strong. Conversely, Montenegro demonstrates that narrative presence without amplification can remain marginal.

This distinction is essential for interpreting monitoring outputs: risk emerges from the interaction between narrative content, platform dynamics, and audience exposure, not from content volume alone.

II.5.5. Country-Based Comparative Analysis of the "Natural Remedies" Narrative

The analysis of the "Natural Remedies vs. Medical Treatment" topic across the seven target countries reveals that while the core distrust in conventional oncology is universal, the alternative narratives are strictly culturally segmented. The data from the Osavul monitoring reports indicate a clear "East-South Divide":

- In Southern Europe (Italy, Portugal), disinformation mimics medical science, utilizing pseudo-scientific protocols and chemical alternatives.
- Conversely, in Eastern Europe and the Balkans (Romania, Bulgaria), the narrative retreats into pre-modern tradition, relying on religious authority, hermits, and folklore.
- In the conflict-affected zones (Ukraine), the narrative adapts further into a survivalist mechanism, blending health advice with wartime mysticism.

The Southern Flank: Pseudo-Science and Aggressive Chemistry (Italy, Portugal)

In the analyzed corpus for Italy and Portugal, the promotion of natural remedies is characterized by a high degree of sophistication and aggressive anti-establishment rhetoric. The Italian information space presents the most "medicalized" form of disinformation; rather than rejecting science, actors in this region attempt to hijack it.

A flagrant example identified in the Italian dataset is the promotion of "Protocol C" involving Chlorine Dioxide (industrial bleach) as a cure for "Turbo-Cancer" – a term

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coined to describe alleged rapid tumors caused by COVID-19 vaccines. The narrative here is not that "nature heals," but that "hidden science heals." The specific post regarding a patient "cured in 5 months of colon turbo-cancer" demonstrates how disinformation agents use precise dosing schedules and clinical-sounding terminology to give legitimacy to dangerous toxic substances.

Similarly, in Portugal, the narrative is heavily influenced by the Brazilian internet ecosystem (the "Lusophone loop"). The discourse here focuses on "Science-Washing," where supplements like Beta-glucan are marketed not merely as wellness products but as "True Science" that replaces "fashionable" medical treatments. The monitoring data also highlighted the presence of state-affiliated actors (such as Sputnik Brasil) within the Portuguese dataset, suggesting that the promotion of "natural alternatives" is partially instrumentalized to erode trust in Western public health institutions.

The Eastern Flank: Nostalgic Authority and Mysticism (Romania, Bulgaria)

In contrast to the chemical protocols of the South, the narrative landscape in Romania and Bulgaria is dominated by a retreat into tradition, religion, and fatalism. The "Natural Remedy" here is framed as a moral return to a cleaner, spiritual past.

The Romanian dataset provides a definitive archetype of this narrative: the "Hermit Healer." Viral content featuring "Brother Ioan" treating ailments in a mountain cabin illustrates that the ultimate authority figure in this region is not the rogue scientist, but the holy ascetic. The disinformation mechanism here suggests that cancer is a result of modernity (often linked to processed foods like salami or "fridge food") and can only be cured by escaping the modern medical system entirely.

Bulgaria mirrors this reliance on non-medical authority but shifts the focus toward the esoteric. The monitoring reports highlight the prevalence of medical astrology, in which health outcomes and treatments are linked to lunar eclipses and planetary alignments. This fosters a fatalistic worldview where medical schedules (such as chemotherapy sessions) are rejected in favor of cosmic timing, effectively delaying evidence-based care.

The Crisis Zones: Survival Hacks and Political Weaponization (Ukraine, Moldova, Montenegro)

In Ukraine, the "Natural Remedies" narrative has mutated due to the ongoing war, merging health disinformation with survivalism. The "Miracle Cure" in this context is often presented as a "Life Hack" for conditions where medical access might be limited.



A specific, high-engagement example from the Ukrainian dataset advises treating severe coughs by "holding an orange over fire" and mixing it with salt and honey, framed as the "strongest remedy" that renders doctors obsolete. Furthermore, the Ukrainian information space has seen a surge in "Energy Healing," in which influencers claim to cure physical ailments through "karmic clearing." This reflects a psychological coping mechanism for a population living under the constant threat of missile attacks, seeking control through mysticism when physical safety is unguaranteed.

Finally, in Moldova and Montenegro, the medical disinformation narrative is frequently diluted by political polarization. In these smaller information markets, cancer is often used metaphorically or as a vehicle for clickbait. The Montenegrin dataset shows the use of "False Authority" (e.g., "Harvard expert claims drink X prevents cancer") to drive traffic. At the same time, Moldovan data indicate that cancer diagnoses are weaponized in political hate speech. In these regions, the "remedy" is often less about a specific substance and more about generating sensationalism in a crowded media environment.

The "Science vs. Faith" Spectrum in Disinformation

The comparative analysis of the corpus reveals that while the objective of disinformation remains constant – the erosion of trust in conventional oncology – the rhetorical delivery is strictly segmented by cultural archetypes. The stark contrast between the Italian and Romanian information spaces best illustrates this divergence. In Italy, the "Chlorine Dioxide" narrative exemplifies the weaponization of pseudo-science, where dangerous industrial chemicals are repackaged as advanced "protocols" (e.g., "Protocol C") to mimic the complexity and authority of medical science (Figure 1).

Conversely, the Romanian "Hermit Healer" narrative rejects the scientific aesthetic entirely, retreating into a pre-modern framework where the "Mountain Hermit" (e.g., Brother Ioan) serves as the ultimate moral and medical authority (Figure 2).



Figure 1 Example of an Italian medical influencer (Protocol C)



Figure 2 The Hermit Healer (Romanian influencer)

This dichotomy highlights a critical mechanism of disinformation: in the Global South/West, the narrative attempts to hijack science to validate itself, whereas in the

East, it attempts to bypass science through an appeal to faith, tradition, and the sanctity of nature.

II.5.6. Country-Based Comparative Analysis of the "Distrust in Health Authorities / Pharmaceutical Companies / Vaccines" Narrative

Skepticism towards institutions

The comparative analysis of the seven target countries reveals that, while the overarching theme of "Distrust" is universal, its localized expression varies significantly by region's socio-political health. The Osavul data indicate that skepticism is not merely a rejection of science but a rejection of the institutions that administer it. This narrative manifests in three distinct architectures: the "Predatory System" (dominant in Romania and Italy), where authorities are viewed as profit-driven mafias; the "Biological Sabotage" (dominant in Bulgaria and Portugal), where the system is accused of actively poisoning the population via vaccines or agriculture; and the "Systemic Collapse" (dominant in Moldova, Ukraine, and Montenegro), where health distrust is absorbed into broader narratives of war, corruption, and state failure, often leading to a retreat into mysticism.

The "Predatory System": Profit Over Patients (Romania, Italy)

In Romania and Italy, the dominant narrative frames the healthcare system not as incompetent, but as maliciously efficient at generating profit. The central thesis is that the pharmaceutical industry ("Big Pharma") and medical boards conspire to keep the population chronically ill to ensure a steady stream of "customers."

The Romanian dataset provides a definitive example of the "Moving the Goalposts" conspiracy. A highly viral narrative claims: "Did you know 40 years ago normal cholesterol was 300... today at 200 you are sick. Who decides this? The Pharmaceutical Mafia... they need clients, not healthy people." This specific strain of disinformation attempts to delegitimize preventative medicine (such as statins) by reframing diagnostic standards as marketing strategies.

Similarly, Italy exhibits a sophisticated form of this distrust, with a strong focus on the post-pandemic "Turbo-Cancer" conspiracy theory. The monitoring data highlights posts linking rapid cancer onset directly to mRNA vaccines, accusing health authorities of a cover-up. A flagrant example cites a patient "cured in 5 months of



post-vaccine turbo-cancer" using a vegan diet as a "biological shield" against the system's "poison." Here, the refusal of conventional treatment is framed as political rebellion against a corrupt state apparatus.

"Biological Sabotage": The War on Nature (Bulgaria, Portugal)

In Bulgaria and Portugal, the narrative shifts from economic greed to active biological suppression. The distrust here is rooted in the belief that the modern industrial complex (agriculture and medicine) is engineering the environment to destroy the body's natural defenses.

The Bulgarian dataset offers a unique and particular pseudo-scientific narrative regarding "Salvestrol." Viral posts argue that "chemical fungicides kill fungi and prevent the formation of natural defense (salvestrol)... blocking the production of CYP1B1." This narrative posits that the agricultural system is rigged to remove cancer-fighting compounds from food, thereby forcing the population into the arms of the "Cancer Industry."

In Portugal, this biological distrust is amplified by imported conspiracies (such as those from US disinfo figure Dr. Ryan Cole) regarding "Turbo-Cancers" that "did not exist before vaccines." Uniquely, the Portuguese data also shows a hybridization of health distrust with religious cultism (e.g., the "Prophet Kacou Philippe"), suggesting that when trust in medical authorities collapses, vulnerable populations turn to messianic figures for biological safety. Furthermore, the presence of state-affiliated actors (e.g., Sputnik Brasil) in the Portuguese dataset indicates a geopolitical dimension to amplifying this distrust.

"Systemic Collapse": Mysticism and Nihilism (Moldova, Ukraine, Montenegro)

In the Eastern area and the Balkans, specifically Moldova, Ukraine, and Montenegro, distrust in health authorities is less about specific medical theories and more about a total loss of faith in state competence, often driven by geopolitical instability.

In Moldova, the collapse of trust leads to "Esoteric Nationalism." Viral posts claim that "Every peasant is a keeper of the sacred codes of nature" and that the "Carpathians are antennas capturing universal light." This suggests a psychological retreat: because the state infrastructure is perceived as broken or irrelevant, salvation is sought in mythical, genetic superiority and "sacred codes" that bypass medical science entirely.

In Ukraine and Montenegro, health distrust is diluted by the noise of war and political polarization. The Ukrainian data links distrust to broader themes of corruption (e.g.,



shadow oil markets), implying that a government corrupt in trade is also corrupt in healthcare. Meanwhile, Montenegro is vulnerable to "False Authority" clickbait (e.g., "Harvard expert claims..."), suggesting an information space in which serious medical discourse is drowned out by sensationalism and political infighting.

Economic Predation vs. Biological Sabotage

The qualitative analysis of the "Distrust" narrative reveals that skepticism toward health authorities is not monolithic; instead, it follows a distinct geopolitical split regarding the perceived motive of the system. In the Eastern European context (Romania), the dominant narrative frames the healthcare apparatus as a Predatory System driven by economic cynicism. The viral Romanian post regarding cholesterol standards (figure 3) illustrates this perfectly. By claiming that diagnostic thresholds were lowered by the "Pharmaceutical Mafia" to create "clients for life," the disinformation argues that the system's goal is not to kill patients, but to keep them chronically dependent and profitable.

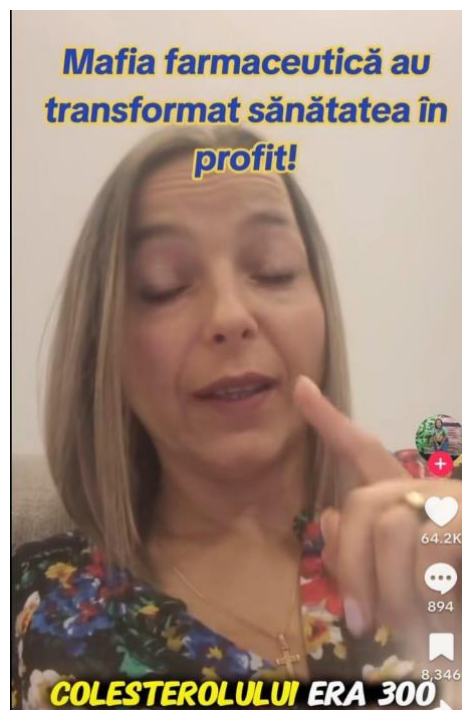


Figure 3 Viral Romanian post regarding cholesterol standards

In contrast, the Southern European context (Italy) reframes the system as a vehicle for Biological Sabotage. The Italian "Turbo-Cancer" case study escalates the accusation

from greed to active malice, positing that the state has unleashed a "poison" via vaccines that requires a "biological shield" (such as a vegan diet) to survive: "Cured in 5 months of post-vaccine turbo-cancer... The truth is that a vegan diet... represents one of the most powerful biological shields.". This narrative exemplifies the "Malicious State" theory, where health authorities are accused of inducing disease (turbo-cancer), forcing citizens to seek "shields" against the system.

II.5.7. English-language monitoring stream

The English-language monitoring stream provides a contextual reference frame for interpreting partner-country findings. It does not replace regional analysis but situates it within a broader transnational information environment in which cancer prevention and treatment narratives circulate on an immense scale and can influence, precede, or reinforce local dynamics.

As with country-level monitoring, the English-language datasets capture narrative environments rather than curated sets of verified disinformation. They include cancer-relevant items, corrective material, and tangential content triggered by keywords. This makes relevance filtering and cautious interpretation essential.

Scale and structure of English-language narratives

Across all three domains, English-language narratives operate at a scale far exceeding that of any single partner country.

Food supplements claiming curative power accumulate 611 million recorded views and over 80 million reactions, indicating that supplement-based cancer narratives are deeply embedded in the broader online ecosystem. The scale of participation (22.6k actors) suggests a highly decentralized production environment, where misleading frames can be reproduced and adapted easily.

Natural remedies vs. medical treatment exceeds 1.06 billion recorded views and 158 million reactions, making it the largest English-language domain by exposure. The persistence visible in the evolution patterns indicates continuous narrative circulation rather than episodic virality, reinforcing alternative framings of cancer over time.

Distrust in health authorities/pharmaceutical companies/vaccines stands out for its extraordinary amplification efficiency. Despite having fewer publications and actors than the other two domains, it generates 3.88 billion recorded views and 805 million reactions. This suggests that a relatively small number of obvious items can dominate exposure, consistent with viral dynamics on TikTok and similar platforms.



Platform patterns and continuity with partner countries

Platform distribution in the English-language environment mirrors patterns observed in partner countries. TikTok dominates recorded visibility across all three domains, confirming that its role as an amplification engine is not region-specific but systemic.

A similar actor–visibility asymmetry appears: Facebook supports large numbers of participating actors, while TikTok concentrates views. This continuity strengthens confidence that platform roles identified in the regional analysis are structurally consistent at the transnational level.

Temporal dynamics and narrative persistence

English-language datasets show continuous activity across the monitoring period, with multiple peaks in views and reactions rather than isolated spikes. This indicates that misleading cancer-related narratives are not one-off phenomena, but part of an ongoing discourse that can resurface and adapt to new contexts.

In Distrust in health authorities/pharmaceutical companies/vaccines, huge spikes in recorded views suggest moments of extreme virality, which can rapidly reshape attention landscapes and potentially spill over into national environments.

Analytical value for the overall mapping

The English-language contextual layer reinforces three core conclusions of this deliverable:

1. The three narrative domains mapped in partner countries are part of a much larger, transnational ecosystem.
2. Platform-driven amplification, especially on TikTok, is a dominant factor shaping exposure at both regional and global levels.
3. Relevance filtering is essential: large narrative environments include misleading, neutral, and corrective content, making narrative mapping a necessary first step before more granular content verification.

By situating partner-country findings within this broader context, the English-language analysis strengthens the interpretation of cancer-related disinformation as a cross-border, platform-mediated phenomenon, while preserving the local specificity of the regional mapping.

II.5.8. Key Insights Emerging from the Online Analysis

The empirical data derived from this monitoring exercise conclusively demonstrate that geographic filtering is an essential component of disinformation analysis. The findings prove that "cancer disinformation" cannot be treated as a monolithic block;

rather, it is a shapeshifting narrative that adapts to the specific cultural and geopolitical anxieties of each region. Consequently, counter-disinformation strategies that apply a "one-size-fits-all" approach are destined to fail due to a lack of cultural resonance.

The mapping of these narratives demonstrates that distrust in authorities is a shapeshifting adversary. In the West/South (Italy, Portugal), it is combative and conspiratorial ("They are killing us"). In the East (Romania, Bulgaria), it is cynical and economic ("They are robbing us"). In the post-Soviet space (Moldova, Ukraine), it is escapist ("We do not need them, we have magic/God"). Therefore, any communication strategy must address these specific underlying grievances – economic, biological, or existential – rather than simply reiterating medical facts. In other words, to be effective, intervention strategies must address the specific underlying logic of the target audience. In the Italian information space, combating disinformation with "science" is often ineffective, as the disinformation actors utilize "fake science" and complex pseudo-protocols to mimic medical authority. In Romania, a scientific debunking misses the mark entirely, as the dominant narrative is not based on empirical evidence but on "faith," "tradition," and a rejection of modernity.

Furthermore, addressing the Ukrainian narrative requires a psychological approach that acknowledges the population's "war trauma" and their desperate need for control, rather than a simple correction of medical facts.

Analytical assessment of dominant cancer-related disinformation narratives

The comparative narrative-monitoring data highlight three interrelated clusters of cancer-related disinformation that dominate the online information space across the analysed countries: institutional distrust, promotion of natural remedies, and misleading claims about supplements. While these narratives differ in content and emotional framing, they share common structural characteristics in terms of reach, persistence, and audience engagement, revealing systemic vulnerabilities in cancer communication ecosystems.

1. Distrust-driven narratives and erosion of institutional credibility

Narratives centered on distrust toward medical institutions, healthcare professionals, and public authorities represent a foundational layer of cancer-related disinformation. Although they account for a smaller proportion of the total content than other narrative clusters, their amplification potential is disproportionately high, particularly in contexts where institutional trust is already fragile.

Comparative data show substantial cross-country variation in the volume and impact of distrust narratives, with Romania standing out as a dominant contributor in terms of



visibility and engagement. Peaks in views and reactions indicate episodic surges rather than a constant background noise, suggesting that distrust narratives are often activated by triggering events such as policy decisions, media scandals, or controversial public statements. Sentiment analysis further indicates that, while most content appears neutral in tone, negative framing elicits stronger reactions, reinforcing polarization and suspicion toward evidence-based cancer care (see Annex 3 for detailed trends and sentiment distribution).

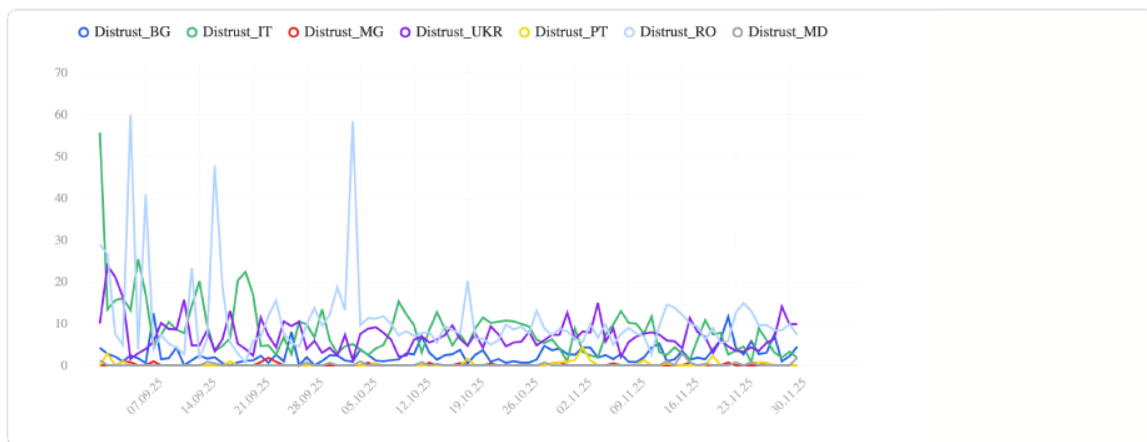


Figure 4 Dynamics of the distrust-driven narratives in the partner countries

Analytically, these narratives function as enablers rather than standalone misinformation: they lower cognitive and emotional barriers to accepting alternative explanations, miracle cures, or anti-scientific claims. As such, distrust narratives amplify the effectiveness of other disinformation clusters rather than competing with them.

2. Natural remedies as an emotionally resonant misinformation vector

Narratives promoting “natural” or “alternative” cancer remedies constitute one of the most pervasive and engaging forms of cancer-related disinformation in the monitored datasets. Compared to distrust narratives, this cluster exhibits significantly higher publication volumes, sustained temporal presence, and markedly stronger engagement metrics.

The data indicate that natural-remedy narratives resonate particularly strongly in Bulgaria and Romania, where they account for a substantial share of total interactions. These narratives typically combine anecdotal evidence, culturally embedded beliefs, and implicit critiques of “conventional medicine,” often avoiding overtly conspiratorial language. This framing makes them harder to contest, as they are perceived as



benign, personal, or experience-based rather than explicitly false. Importantly, sentiment remains overwhelmingly neutral, masking the potential harm associated with delayed diagnosis, treatment avoidance, or substitution of evidence-based care (see Annex 4 for comparative distribution and engagement patterns).

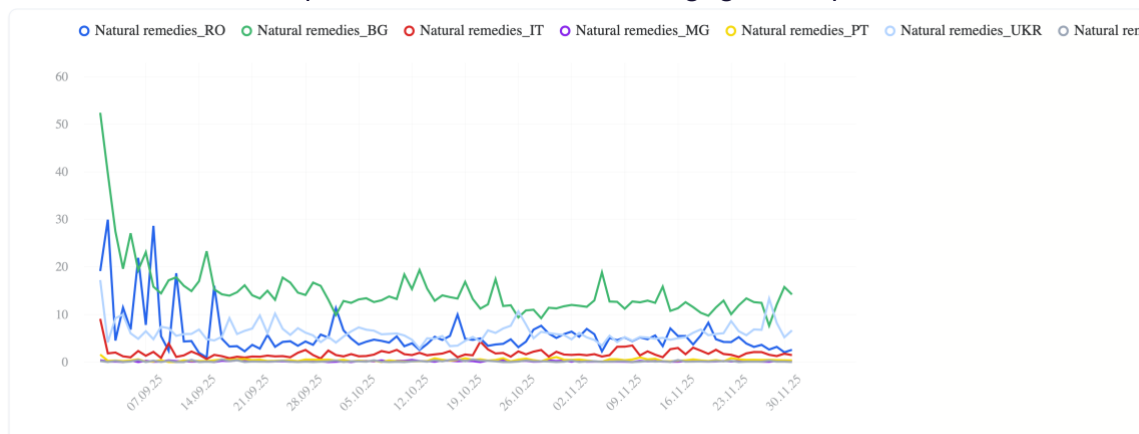


Figure 5 Dynamics of the natural remedies' narratives in partner countries

From an analytical perspective, natural-remedy narratives illustrate a key challenge for cancer communication: misinformation that aligns with existing cultural frames and emotional needs spreads more effectively than explicitly adversarial content. Their persistence over time suggests that fact-checking alone is insufficient, and that counter-strategies must engage with values, identity, and trust.

3. Supplements and commercialized misinformation ecosystems

The supplements narrative cluster reveals a distinct disinformation dynamic characterized by high reach, high repetition, and strong commercial undertones. Although the number of actors involved is smaller than in the natural-remedies cluster, engagement levels – particularly views and reactions – are exceptionally high, with Romania again accounting for a dominant share of exposure.

Unlike distrust or natural-remedy narratives, supplement-related misinformation often adopts a quasi-scientific tone, selectively referencing studies, medical terminology, or expert authority. This creates an illusion of legitimacy while promoting exaggerated or unfounded claims regarding cancer prevention, immunity, or treatment support. The relatively low proportion of explicitly negative sentiment masks the promotional and misleading nature of this content, which is frequently monetized through affiliate marketing or direct sales (see Annex 5 for reach and sentiment indicators).

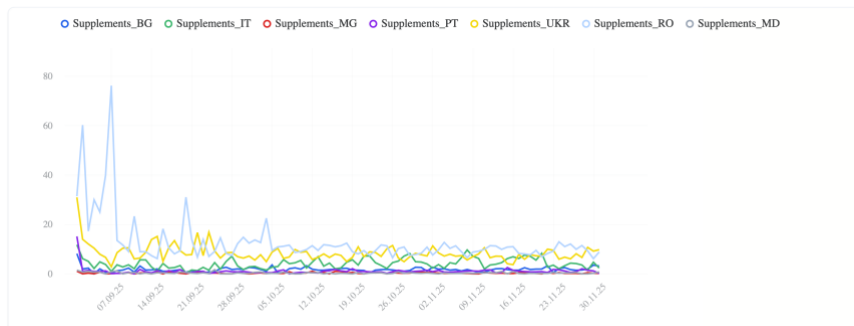


Figure 6 Dynamics of the supplement’s narratives in partner countries

Analytically, supplement narratives sit at the intersection of misinformation and market dynamics. Their resilience is linked not only to belief systems but also to economic incentives, making them exceptionally resistant to correction and more likely to adapt rapidly to regulatory or platform-level interventions.

4. Cross-cutting patterns and implications

Across all three narrative clusters, several cross-cutting analytical insights emerge. First, neutral sentiment dominates, indicating that harmful cancer-related misinformation often circulates without overt emotional cues, complicating automated detection and moderation. Second, engagement concentration is highly uneven, with a small number of countries and actors accounting for most of the reach and reactions. Third, narratives rarely operate in isolation: distrust enables alternative cures, natural remedies normalize supplement use, and commercial actors exploit both dynamics.

Taken together, these findings suggest that cancer-related disinformation is less a collection of isolated false claims and more a coherent narrative ecosystem that systematically undermines evidence-based cancer prevention and care. Addressing it effectively, therefore, requires integrated strategies that combine monitoring, targeted communication, trust-building measures, and regulatory awareness, rather than isolated debunking efforts.



III. Combating Cancer-Related Misinformation: A Review of National and European Initiatives

The proliferation of misinformation and disinformation, particularly in the realm of public health, poses a significant threat to global well-being. In the context of cancer, false narratives, unproven remedies, and misleading claims can severely undermine prevention efforts, delay timely diagnosis, impede effective treatment, and ultimately worsen patient outcomes. These pervasive inaccuracies often exploit public anxieties, leverage personal anecdotes over scientific evidence, and erode trust in established medical institutions and healthcare professionals. The digital age, characterized by rapid information dissemination through social media and online platforms, has exacerbated this challenge, making it imperative for national governments, non-governmental organizations (NGOs), academic institutions, and healthcare providers to implement robust strategies to counter such detrimental narratives.

This chapter presents a comprehensive overview of national and European initiatives designed to combat misinformation on cancer-related topics. Drawing upon a compiled list of efforts across various countries, it aims to categorize, describe, and analyze the diverse approaches employed to promote health literacy, ensure access to accurate information, and directly debunk false claims. The initiatives span policy frameworks, public awareness campaigns, dedicated fact-checking platforms, research endeavors, and data infrastructure development, reflecting a multi-faceted and evolving response to this complex challenge.

III.1. Methodological Approach

The analysis presented in this chapter is based on an aggregated dataset detailing national and European initiatives from several countries aimed at addressing cancer-related misinformation. Each initiative is characterized by its country of origin, name, initiator, purpose/objective, and a detailed description of its activities. This information was systematically extracted and categorized to identify recurring themes, dominant strategies, and the spectrum of actors involved in these counter-misinformation efforts. While comprehensive, the provided data reflects specific reported initiatives and may not encompass all ongoing activities in each country.



III.2. Categorization and Thematic Analysis of Initiatives

The initiatives identified can be broadly grouped into several thematic categories, each addressing different facets of the misinformation problem:

III.2.1. National Policy and Strategic Frameworks

A foundational approach to combating cancer misinformation involves the establishment of overarching national policies and strategic frameworks. These initiatives aim to integrate accurate information dissemination and misinformation counteraction into broader health agendas, often aligning with international best practices like the Europe's Beating Cancer Plan.

- Bulgaria's National Comprehensive Cancer Plan (NCCP) (2023-2027), initiated by the Ministry of Health, exemplifies this. While not solely focused on misinformation, its objective to develop a comprehensive national strategy against cancer implicitly addresses the issue by emphasizing improved public awareness and access to accurate information as part of effective prevention. The plan acknowledges that late diagnoses and poor outcomes are partly due to insufficient public awareness, thus making health literacy and combating cancer myths an implicit strategic goal. However, it is noted that the plan's roadmap was not fully implemented, highlighting potential challenges in execution.
- Similarly, Romania's National Plan for Cancer Prevention and Control focuses on developing an integrated health information system in oncology for cancer prevention and care. By providing structured, accurate information, such a system inherently works against the spread of false narratives.
- Ukraine's Resolution of the Cabinet of Ministers (2025 No. 402), concerning the deregulation of economic activity in the healthcare sector, while seemingly administrative, indirectly contributes to trust in the medical profession by streamlining regulations and ensuring transparency, which are critical in a landscape vulnerable to misinformation.
- In Belgium, the Belgian Cancer Inventory, spearheaded by Sciensano and the Federal Cabinet, collects population-based data on cancer across its continuum. By making accurate, up-to-date data easily available, this initiative reduces uncertainty and misinformation, allowing policymakers, researchers, and public health actors to base decisions and public messages on solid evidence rather than myths or anecdotes.

These policy-level interventions underscore the recognition that combating misinformation requires systemic efforts embedded within national health strategies, focusing on prevention, early diagnosis, and evidence-based care.

III.2.2. Public Awareness and Educational Campaigns

Direct public engagement and educational initiatives form a critical line of defense against cancer-related misinformation. These campaigns utilize various media and community outreach strategies to enhance health literacy and directly debunk common myths.

- **Bulgaria features several such initiatives.** The "Protect Their Future" Campaign, led by the HPV Coalition and the Ministry of Health, aims to increase HPV vaccination and prevent HPV-related cancers by actively addressing vaccine hesitancy and misinformation. This campaign specifically targets myths and fears around the HPV vaccine, acknowledging that fear of the vaccine often outweighs fear of cancer itself in Bulgaria. The Pilot Screening Campaign 2024 - "Together Against Colorectal Cancer", initiated by the Lachezar Tsotsorkov Foundation, provides free fecal occult blood tests and includes extensive media, digital, and community outreach to promote early diagnosis and prevention. The "5 Minutes for Health" campaign, a partnership involving DHI Cluster and others, offers free telemedicine consultations and rapid screening tests, improving health literacy through opportunistic screening and education, particularly for lung cancer.
- **Portugal has adopted similar strategies.** "Vital - O Portal do Cancro", a project by Polígrafo, Viral Check, and Fundação Champalimaud, is dedicated to informing about good practices and combating myths surrounding cancer, providing accurate, fact-checked information across various formats including articles, interviews, videos, and podcasts. "Tratar o cancro por tu" (Treatment cancer by 'You') , from Ipatimup and the University of Porto, focuses on improving cancer literacy by simplifying complex scientific concepts and discussing therapeutic advances. The campaign "Vencer os mitos do cancro da próstata" (Fight misinformation about prostatic cancer), by Liga Portuguesa Contra o Cancro, specifically targets men aged 50-70 to dismantle misconceptions hindering prostate cancer screening.
- **Belgium's "Clear the Air on Lung Cancer" campaign**, by All.Can Belgium, aims to dispel myths and misconceptions about lung cancer, such as "only smokers get it" or "lung cancer is always a death sentence." It educates on early symptoms, non-smoking risk factors, and the importance of early detection.

Think Pink Belgium focuses on national breast cancer awareness, promoting early detection, healthy lifestyles, and supporting patients while funding research, all of which indirectly combat misinformation by providing accurate information.

- **Romania's Misiunea Cancer în România Info** (The Cancer Mission in Romania Info), by Centrul pentru Inovație în Medicină (INOMED), aims to bring together key information for Romanians, explaining European and national initiatives for cancer prevention and control.
- **The Republic of Moldova's UNICEF Moldova HPV Vaccination & Health Awareness campaign** specifically combats vaccine hesitancy and misinformation through community engagement and public HPV promotion. The IOM Breast Cancer Early Detection Campaign in Moldova focuses on increasing awareness and early detection among refugees, migrants, and local women by providing accurate health information.

These initiatives collectively demonstrate a strong emphasis on proactive education and outreach, recognizing that an informed public is better equipped to resist misinformation.

III.2.3. Fact-Checking and Misinformation Counteraction Platforms

The rise of digital misinformation has necessitated the development of specialized platforms dedicated to fact-checking and debunking false claims in real-time. These initiatives serve as crucial resources for both the general public and journalists.

- FactCheck.bg in Bulgaria, run by the Association of European Journalists, is committed to countering disinformation by fact-checking against professional journalistic standards. Similarly, "Science in the crisis," a Facebook group initiated by public health experts, was created to discuss societal crises and combat fake news, specifically targeting myths about vaccines and cancer. The EUvsDisinfo - Bulgarian Coalition Against Disinformation, involving the Office of the EU, Ministry of Electronic Governance, and NGOs, works to counter disinformation and help citizens distinguish facts from manipulation.
- Italy has a robust set of such initiatives. "Tumore, ma è vero che?" (Cancer, but is it true?) is a national anti-fake-news oncology portal where oncologists respond to common questions about cancer causes, prevention, and treatments, directly debunking "miracle cures" and alternative therapies. "Facciamo chiarezza - Falsi miti sul cancro" (Let's clarify - False myths about cancer) by AIRC Fondazione per la Ricerca sul Cancro aims to clarify common

false myths and improve cancer literacy with evidence-based information. The Italian Ministry of Health's "Fake News" pages dedicated to cancer and cancer prevention identify and correct widespread health-related fake news. ISSalute - "Falsi miti e bufale" and "Metti a tacere le bufale con la vera prevenzione" by Lega Italiana per la Lotta contro i Tumori (LILT) further contribute by providing scientifically grounded explanations and practical advice, explicitly addressing cancer-related myths.

- The Republic of Moldova's StopFals.md Fact-Checking Platform, initiated by the Association of Independent Press (API), UNICEF, and USAID, is a primary fact-checking platform actively combating misinformation in the health sector, including cancer-related myths and vaccination misinformation. The StopCancer.md Information Portal by Medpark International Hospital provides accurate, evidence-based information on cancer prevention, diagnosis, and treatment to combat health misinformation and myths specific to Moldova. The Center for Strategic Communication and Countering Disinformation (STRATCOM), a government institution, coordinates anti-disinformation efforts across state institutions, specifically targeting health misinformation.
- Romania's Anti-Fake. The week in 5 minutes, by Eurocomunicare Association, is an initiative for digital education, public awareness, and combating misinformation, focusing on analyzing erroneous, misleading, or simply false content to help citizens build a defense against fake news.

These platforms are essential for providing timely, verified information, directly challenging the narratives propagated by misinformation, and empowering individuals to critically evaluate information.

III.2.4. Research and Academic Initiatives

Understanding the nature, spread, and impact of cancer-related misinformation, as well as developing effective interventions, requires dedicated research. Academic institutions and research bodies play a crucial role in this area.

- In Ireland, the "Misinformation and Disinformation in Cancer: An Intervention Development Award" from the Irish Cancer Society aims to examine how widespread cancer misinformation is within the Irish community and to identify measurable ways to help those affected avoid harmful false information and its potential impacts. Furthermore, a Funded PhD: Digital Interventions Against Cancer Misinformation (DIAM) Project at University College Cork seeks to develop and test digital interventions based on psychological research,



examining their potential to target cancer patients and wider networks susceptible to engaging with and spreading misinformation.

- Romania's "Rethink and Reduce Inequalities in HPV Vaccination" project, involving Renasterea Foundation for Woman's Health and the Centre for Innovation in Medicine, aims to support Member States in improving HPV vaccination rates. A core component involves tackling the HPV vaccination infodemic, fake news, and disinformation through communication strategies and training programs for key actors.

These research initiatives highlight the academic community's contribution to understanding the epidemiology of misinformation and developing evidence-based solutions, which is vital for long-term effectiveness.

III.2.5. Data Collection and Infrastructure Development

Reliable data is fundamental to understanding the cancer burden, guiding public health interventions, and effectively countering misinformation. Initiatives focused on data collection and infrastructure development provide the necessary evidence base.

- Bulgaria's Pilot Screening Campaign 2024 explicitly aims to establish a national screening registry and improve digital data infrastructure, which would support prevention, early detection, and evidence-based policy-making.
- The Republic of Moldova's Online National Cancer Registry, supported by the Oncology Institute, IAEA, WHO, and IARC, tracks cancer incidence, mortality, and treatment outcomes for over 40,800 oncology patients. This registry provides accurate cancer data to support evidence-based policy and counter misinformation with real statistics.
- Belgium's Belgian Cancer Inventory, as mentioned earlier, directly serves this purpose by compiling a core set of epidemiological and care-related indicators across the cancer continuum. By making accurate, up-to-date data easily available, it reduces uncertainty and misinformation.
- inforMD / InfoTrustAlliance Moldova, supported by German Federal Foreign Office (GIZ) and IEP Berlin, aims to strengthen societal resilience against health misinformation and promote media literacy, which is implicitly supported by robust data and understanding of the information landscape.

These initiatives underscore the importance of evidence-informed decision-making and public communication, where reliable data acts as a powerful antidote to speculative or false claims.

III.3. Cross-Cutting Themes and Emerging Trends

Several cross-cutting themes emerge from the review of these initiatives, reflecting common challenges and successful strategies in the fight against cancer-related misinformation:

- **Multi-stakeholder Collaboration:** Many initiatives highlight strong partnerships between government bodies (Ministries of Health, parliaments), NGOs (patient groups, advocacy organizations), academic institutions, media organizations, and international partners (UNICEF, USAID, EU institutions). This collaborative approach is essential for pooling resources, expertise, and reach.
- **Focus on Specific Cancers and Topics:** While general cancer misinformation is addressed, there's a notable focus on specific areas such as HPV vaccination (Bulgaria, Romania, Moldova), colorectal cancer screening (Bulgaria), breast cancer awareness (Belgium, Moldova), and lung cancer (Belgium). This targeted approach allows for tailored messaging and interventions.
- **Emphasis on Prevention and Early Detection:** A recurring objective across many campaigns is to promote cancer prevention and early detection. By providing accurate information on these topics, initiatives aim to improve public health outcomes and combat myths that discourage participation in screening programs or adoption of healthy lifestyles.
- **Digital Engagement:** The pervasive nature of misinformation online has led to a strong emphasis on digital tools and platforms. Websites, social media campaigns, online portals, podcasts, and digital literacy programs are widely utilized to reach the public where they consume information.
- **Building Trust and Health Literacy:** A fundamental goal of nearly all initiatives is to build public trust in scientific information and healthcare systems, and to enhance overall health literacy. This involves not just debunking falsehoods but also empowering individuals with critical thinking skills to evaluate information independently.
- **Addressing Vaccine Hesitancy:** The HPV vaccine is a particular target for misinformation. Initiatives in Bulgaria, Romania, and Moldova specifically address vaccine hesitancy by providing accurate information on its safety and efficacy, reflecting a broader public health concern.
- **Tailored Communication:** Recognition of diverse target audiences (parents, teens, specific age groups, refugees, different socioeconomic groups) leads

to tailored communication strategies, as seen in campaigns employing different languages, formats, and channels.

III.4. Challenges and Future Directions

While significant progress is being made, the fight against cancer-related misinformation faces ongoing challenges:

- **Pervasiveness and Rapid Evolution:** Misinformation spreads rapidly and adapts, making it difficult for countermeasures to keep pace. Continuous monitoring and agile response mechanisms are crucial.
- **Sustained Funding and Implementation:** As noted in Bulgaria's NCCP, even well-designed plans can face hurdles in full implementation, often due to funding, political will, or bureaucratic inertia.
- **Deep-seated Beliefs:** Some forms of misinformation are rooted in deeply held beliefs, cultural practices, or mistrust in institutions, requiring more nuanced and long-term engagement strategies than simple debunking.
- **Measurement of Impact:** While many initiatives describe their activities, robust evaluation of their impact on public knowledge, attitudes, and behaviors regarding cancer prevention and treatment is often challenging to measure and report.
- **Cross-border Nature:** Misinformation does not respect national borders. Greater European and international collaboration is needed to develop harmonized strategies, share best practices, and collectively counter narratives that span multiple countries.

Future directions should focus on strengthening existing collaborations, investing in advanced digital tools for monitoring and rapid response, integrating media literacy education into curricula, and conducting more rigorous research on the effectiveness of different intervention types. Special attention should be paid to vulnerable populations who may be more susceptible to misinformation due to limited access to reliable information or lower health literacy.

III.5. European Initiatives against Cancer Misinformation

Beyond national borders, several European-level initiatives underscore the collaborative understanding that misinformation is a transnational challenge requiring coordinated responses. These initiatives often focus on broader strategies, research, and infrastructure development to support national efforts.



The Personalised Cancer Primary Prevention Research Through Citizen Participation and Digitally Enabled Social Innovation (4P-CAN) project, involving a consortium of partners including Asociatia Central Inovatie in Medicina (INOMED), European Network for Smoking Prevention (ENSP), and others, aims to understand barriers to cancer primary prevention and implement targeted public health communication campaigns. A key objective is to capture citizen-centred social innovation and implement research for European Code Against Cancer (ECAC) adoption, using real-world data to inform policy and counter misinformation. This project signifies a move towards tailored communication strategies grounded in public engagement.

The Epidemics Intelligence from Open Sources (EIOS), a collaborative platform between the World Health Organization (WHO) and the Joint Research Centre (JRC), was designed to rapidly identify potential threats to public health using information from media. While not exclusively cancer-focused, EIOS's ability to map disease spread and public health concerns from open sources means it can identify and track cancer-related misinformation trends, providing an early warning system for public health bodies.

The European Digital Media Observatory (EDMO), a European Commission initiative, strengthens and enables collaboration among a multidisciplinary community of stakeholders tackling online disinformation. EDMO brings together fact-checkers, media literacy experts, and academics to understand and analyze disinformation. Its network of national and multinational hubs actively combats misinformation across 28 countries, developing digital media literacy and debunking false narratives, which inherently includes health-related misinformation like that pertaining to cancer.

The Health Misinformation Project, involving the University of Bucharest, National and Kapodistrian University of Athens, and Sapienza University of Rome, focuses on combating misinformation related to health. This academic collaboration highlights the importance of research and understanding the mechanisms of health misinformation to effectively counter it.

The Busting Myths About Cancer: Separating Fact from Fiction initiative, led by the European Youth Cancer Network, directly addresses rumors and fears surrounding cancer. It aims to shed light on myths that create unnecessary mystery or anxiety, such as those linking mobile phones or specific lifestyle choices to cancer. By providing clear, factual information, it empowers individuals to distinguish fact from fiction.



The broader fight against disinformation on health issues in the EU, championed by the Council of the European Union, recognizes health misinformation as a structural threat to democracies and public health policies. It emphasizes the need for a high level of well-being and health through the Health Union, and for supporting European-level efforts against health obscurantism and misinformation. This overarching commitment underscores the strategic importance of countering false health narratives.

Finally, funds made available by the European Commission to increase health literacy for cancer prevention directly support efforts to improve health literacy for cancer prevention and care. This funding mechanism aims to reduce inequalities in cancer prevention and care by empowering citizens with knowledge, which is a fundamental tool against misinformation.

III.6. Conclusion

The array of national and European initiatives presented in this chapter demonstrates a growing and multifaceted commitment to combating cancer-related misinformation. From high-level policy frameworks and strategic plans to targeted public awareness campaigns, dedicated fact-checking platforms, academic research, and data infrastructure development, a comprehensive ecosystem of interventions is being built. These efforts underscore the critical understanding that protecting public health in the digital age requires not only advances in medical science but also robust strategies to ensure that accurate, evidence-based information reaches citizens effectively. By fostering health literacy, building trust in science, and actively debunking harmful myths, these initiatives collectively strive to empower individuals to make informed decisions about cancer prevention, diagnosis, and treatment, ultimately contributing to improved health outcomes across Europe and beyond. The ongoing evolution of misinformation tactics necessitates continuous adaptation, collaboration, and investment to safeguard the public from its detrimental effects.

IV. Conclusions and Recommendations

This report demonstrates that online narratives associated with cancer-related disinformation form a complex, uneven, and platform-driven ecosystem across the monitored countries. Rather than circulating as isolated false claims, misleading cancer-related content operates through recurring narrative domains – notably food supplements claiming curative power, natural remedies positioned against medical treatment, and distrust in health authorities, pharmaceutical companies, and vaccines. These domains interact and reinforce one another, shaping how cancer prevention and treatment are interpreted in the public sphere.

The analysis shows that risk is highly unevenly distributed. A small number of national environments account for a disproportionate share of recorded visibility and engagement, while others remain low volume but potentially vulnerable to rapid amplification. Platform dynamics play a decisive role in shaping exposure: TikTok consistently functions as a high-amplification engine, while YouTube, Telegram, and Facebook contribute to persistence, redundancy, and participation in different ways. As a result, the same narrative structures can generate very different levels of impact depending on platform architecture and national context.

Notably, the findings underline that volume alone is a poor proxy for risk. In some contexts, a limited number of items can generate extremely high exposure, whereas in others, high publication activity yields relatively low visibility. Moreover, the dominance of neutral sentiment across domains suggests that much harmful content circulates without overt emotional cues, complicating automated detection and traditional debunking approaches.

Taken together, the evidence confirms that cancer-related disinformation should be understood as a narrative ecosystem problem, not merely a fact-checking challenge. Effective responses, therefore, require differentiated, context-sensitive strategies that address platform dynamics, trust relationships, and cultural frames, alongside the provision of accurate medical information.

Recommendations

Based on the findings of this report, the following recommendations are proposed to support more effective monitoring, prevention, and response to cancer-related disinformation.

1. **Adopt differentiated, country-specific intervention strategies.** Policy and communication responses should be tailored to national narrative configurations rather than applying uniform approaches. High-convergence environments require rapid, platform-specific interventions focused on amplification control and proactive counter-narratives. Single-domain

dominance environments benefit from targeted thematic communication (e.g., addressing natural-remedy framings directly). Low-signal environments should prioritize early-warning monitoring to prevent sudden amplification.

2. **Prioritize platform-sensitive communication and engagement.** Given the central role of platform architecture in shaping exposure, cancer communication strategies should be designed with platform logics in mind. On short-form video platforms, concise, visually engaging, and emotionally balanced content from trusted messengers is essential. On persistence-oriented platforms (e.g., YouTube, Telegram), emphasis should be placed on repeatable, searchable, and shareable reference content. Engagement strategies should move beyond rebuttal and focus on narrative competition, not only factual correction.
3. **Address distrust as an enabling narrative, not a secondary issue.** Distrust in health authorities and institutions functions as a legitimizing layer for alternative and misleading cancer narratives. Communication efforts should explicitly acknowledge uncertainty, address perceived conflicts of interest, and explain decision-making processes transparently. Trusted intermediaries – clinicians, patient organizations, community figures – should be supported as primary messengers in high-distrust contexts.
4. **Integrate narrative monitoring into cancer prevention and control policies.** Narrative-based monitoring should be embedded as a complementary tool within cancer prevention, screening, and health promotion strategies. Regular narrative mapping can help identify emerging risks before they translate into behavioral harm. Monitoring outputs should inform the timing, framing, and targeting of public health communication campaigns.
5. **Strengthen evaluation and evidence on intervention effectiveness.** The mapping highlights a proliferation of initiatives but limited systematic evidence on what works. Pilot interventions should include clear evaluation components that focus on reach, engagement, and changes in understanding or trust. Cross-country knowledge exchange should be encouraged to transfer lessons between contexts with similar narrative dynamics.
6. **Invest in long-term health literacy and narrative resilience.** Finally, sustainable mitigation of cancer-related disinformation requires investment beyond short-term responses. Health literacy and critical thinking initiatives should explicitly address cancer-related narratives, including supplements, natural remedies, and institutional trust. Educational and community-based approaches should be designed to resonate with local cultural frames and lived experiences.

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Appendix

Annex 1. National initiatives to combat misinformation on cancer

Annex 2. European initiatives to combat misinformation on cancer

Annex 3. Distrust_comparative data - Narratives Monitoring

Annex 4. Natural remedies_comparative data - Narratives Monitoring

Annex 5. Supplements_comparative data - Narratives Monitoring

National and European initiatives to combat misinformation on cancer-related topics

National Initiatives

No.	Country	Name of initiative	Initiator	Purpose/Objective of the initiative	Description of the initiative
1	Bulgaria	<p>NCCP (2023 - 2027)</p> <p>https://www.strategy.bg/bg/strategy-documents/1588</p>	<p>Ministry of Health (Bulgarian Government)</p>	<p>Develop a comprehensive national strategy against cancer (aligned with Europe's Beating Cancer Plan), including prevention, early diagnosis, treatment, and patient support. While not focused solely on misinformation, the plan should emphasize improving public awareness and access to accurate information as part of effective prevention. Currently the Plan road map was not implemented!</p>	<p>Bulgaria adopted this multi-year plan outlining measures to enhance cancer screening, improve diagnostic accuracy, expand access to modern therapies, and improve patient outcomes. The NCCP should acknowledge that late diagnoses and poor outcomes are partly due to insufficient public awareness; therefore, educating citizens on cancer prevention and modern care should be implicitly described strategic goal. By raising health literacy, the plan indirectly combats misinformation and cancer myths (e.g. encouraging trust in screening and evidence-based treatment).</p>

2	Bulgaria	<p>“Protect Their Future” Campaign</p> <p>https://hpvcoalition.bg</p>	HPV Coalition & Ministry of Health	Increase HPV vaccination and prevent HPV-related cancers by addressing vaccine hesitancy and misinformation among the public and healthcare providers.	<p>Formed in 2023, Bulgaria’s HPV Coalition is a alliance of medical societies, patient groups, and public health institutions aiming to eliminate cancers caused by Human Papillomavirus. A core focus is combating myths and fears around the HPV vaccine. The coalition notes that in Bulgaria, fear of the HPV vaccine is often greater than fear of the cancer itself, due to persistent anti-vaccine narratives. With only ~1.5% of eligible girls were vaccinated, so the coalition launched the “Protect Their Future” information campaign to educate parents and teens. Members stress the need for continuous public information campaigns to debunk unfounded claims about the vaccine’s safety and efficacy. The coalition also works to train GPs in communication, since even some Bulgarian doctors have</p>
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					propagated vaccine myths. This initiative directly counters misinformation by providing facts on HPV risks, the vaccine's benefits, and success stories from other countries.
3	Bulgaria	Pilot Screening Campaign 2024 – “Together Against Colorectal Cancer”	Lachezar Tsotsorkov Foundation (in partnership with numerous laboratories and "Uni-Hospital" Hospital)	To carry out a large-scale pilot screening for colorectal cancer; to ensure early diagnosis, increase public awareness, and strengthen prevention	A nationwide pilot screening program (March–June 2024) offering free fecal occult blood tests across 300+ laboratories nationwide; target group 50–74 years old (also open to younger high-risk groups). Over 93,000 tests were performed. The campaign included extensive media, digital, pharmacy, and community outreach activities. The initiative aims to establish a national screening registry and improve digital data infrastructure to support prevention, early detection, and evidence-based policy-making.
4	Bulgaria	5 Minutes for Health	DHI Cluster, in partnership	To support cancer prevention (especially lung cancer), early	A regional outreach campaign offering free telemedicine

		https://dhicluster.com/bg/project/5-minutes-for-health/	with Regional Health Inspectorates (RHIs), BJCN, NGO “Air for Health,” telemedicine provider Hubi and pharma partners	detection, and improved health literacy through accessible opportunistic screening and education.	consultations and rapid screening tests (blood pressure, blood sugar, ECG, spirometry, height/weight/BMI, and other indicators) in communities across Bulgaria. Participants receive an assessment from a pulmonologist, personalized risk evaluation for lung cancer, and tailored guidance on prevention, smoking cessation, and healthy lifestyles. The initiative combines digital health solutions with public engagement to increase awareness and facilitate early diagnosis.
5	Bulgaria	<p style="text-align: center;">FactCheck.bg</p> https://factcheck.bg/mission/ https://factcheck.bg/ne-e-vyarno-che-konsumaciyata-na-mlechni-produkti-s-dobavkata-bovaer-prichinyava-bezplodie-i-rak/ https://factcheck.bg/turbo-rak-ne-sashtestvuva-a-irnk-vaksinite-ne-prichinyavat-rak-pri-horata/ https://factcheck.bg/yadneto-na-nasekomi-ne-	Association of European Journalists - Bulgaria	Factcheck.bg’s mission is to counter the increasing pollution of the media environment through disinformation and false claims. By fact-checking against the highest standards of professional journalism on topics of broad public impact, Factcheck.bg strives to help Bulgarian citizens reach informed decisions related to	The team’s goal is to support the efforts of journalists to provide verified and reliable information by engaging in fact-checking of current news, statements, and social media posts. Factcheck.bg also supports

		<p>prichinyava-rak-i-drugi-bolesti/ https://factcheck.bg/podvezhdashto-e-tvarnenieto-che-uv-svetlinata-koyato-vtvardyava-gel-laka-predizvikva-rak/</p>		<p>urgent issues such as the election of political leaders, public health during a pandemic, and the protection of human rights in Bulgaria.</p>	<p>the work of Bulgarian journalists by providing them with verified facts for their reports. The articles on the site also aim to inform Bulgarian citizens who are interested in news and public affairs, and who are looking for answers to other questions of public importance.</p>
6	Bulgaria	<p>Science in the crisis</p> <p>https://www.facebook.com/groups/280968703100240/</p> <p>https://www.facebook.com/scienceinthecrisis</p>	Public health experts	<p>The Facebook group and page “Science in the Crisis” were created in June 2020. The group is made up of citizens from all socio-economic groups. It includes medical professionals, representatives of the scientific community, government officials, journalists, and citizens who want to receive timely, comprehensive, and reliable information with traceable sources. Its moderators and administrators are citizens with different interests and perspectives on science and health. Main purpose is to debunk myths about health-related subjects.</p>	<p>This is a space to discuss measures, including economic ones, to address societal crises, as well as to combat fake news around health. The group is working to promote health awareness, literacy and critical thinking. Combating false facts about vaccines, cancer and others is also essential in the fight against epidemics.</p>

7	Bulgaria	<p>EUvsDisinfo - Bulgarian Coalition Against Disinformation</p> <p>https://bulgaria.representation.ec.europa.eu/novini-i-sbitiya/novini-0/predstavvane-na-blgarska-koaliciya-sreschu-dezinformacijata-2022-04-01_bg</p> <p>https://bulgaria.representation.ec.europa.eu/novini-i-sbitiya/protivodeystvie-na-manipuliraneto-na-informaciya_bg</p>	Office of the EU in Bulgaria, Ministry of Electronic Governance, NGOs	The coalition brings together representatives of European and international institutions, Bulgarian authorities, media, fact-checkers and non-governmental organizations, who join efforts to counter disinformation spread in Bulgaria.	EUvsDisinfo regularly publishes articles and analyses on methods and practices of information manipulation. By drawing public attention to messages in the international information space that have been found to provide partial, distorted or false representations of reality, the aim is to help citizens distinguish between facts and understand attempts to manipulate them.
8	Bulgaria	<p>Science and Critical Thinking</p> <p>https://www.facebook.com/science.and.critical.thinking</p>	Yordan Stefanov	Blog by Dr. Yordan Stefanov (B.Sc. microbiologist/ enzymologist/ molecular biologist). Author of the book "Myths and Truths about Nutrition", part of the Forbes Bulgaria magazine ranking "30 under 30", professional experience in the quality microbiological and chemical control of foods, beverages, waters, additives, feed and others; technological control of industrial chemical processes.	Fighting ealth-related myths online, especially on Facebook as the most popular social media in Bulgaria.

9	Bulgaria	<p style="text-align: center;">BG Science</p> <p style="text-align: center;">https://nauka.bg/</p> <p style="text-align: center;">https://www.youtube.com/@bgnauka</p>	"Forum Science" Association	<p>The magazine "Bulgarian Science" is published by the "Forum Science" Association and has been developing at a very good pace since the end of 2005, offering its readers the most diverse, interesting and new information, and has quickly become a field for expression for the largest and most dynamic scientific community in the Bulgarian Internet space.</p>	<p>The goal with which the magazine was launched and continued to develop is to distribute it free of charge on the Internet, to provide reliable, interesting and detailed scientific and popular science information, making it accessible to as many users as possible on the Internet, as well as to provide a platform for Bulgarian scientists through which they can reach each reader and society as a whole directly and personally. We believe that change starts with each of us and we are firmly determined to prove that with joint efforts, perseverance and perseverance, its achievement is possible.</p> <p>The magazine is designed and is published with a variety of popular science content, as well as current scientific presentations and articles. The interest is high and shows</p>
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					a lasting and serious trend towards growth.
10	Portugal	Vital - O Portal do Cancro [Vital - The Cancer Portal] https://especiais.poligrafo.pt/vital/	Polígrafo, Viral Check, and Fundação Champalimaud	A project dedicated to informing about good practices and combating myths surrounding cancer, namely promote accurate information, verify facts, and debunk myths about oncology.	On the “Vital” website/platform, various content are being published and frequently updated – from fact-checking texts, explainers, interviews, first-hand accounts, videos, and a thematic podcast. The project has a strong educational component, and all content is based on up-to-date scientific evidence. The content is created by oncologists and other healthcare professionals working in cancer care in Portugal
11	Portugal	"Tratar o cancro por tu" [Treatment cancer by 'You'] Official website: http://tratarocancroportu.pt/edicao/4a-edicao-pt/ Book: 'Tratar o Cancro por Tu' (ISBN available at WOOK)	Ipatimup - Instituto de Patologia e Imunologia da Universidade do Porto; i3S - Instituto de Investigação e Inovação em	Program goals: To improve cancer literacy in the general population by simplifying complex scientific and medical concepts, discussing the latest therapeutic advances, alerting to the need for early diagnosis and prevention, and placing patients at the center of the discussion.	In-person sessions in auditoriums, theaters, and public spaces, and podcasts available on 12 streaming platforms. Each edition covers different cancer types and themes. Edition 1 (2022): lung cancer, breast cancer, prostate cancer, leukemias and lymphomas, colon

			<p>Saúde; Sociedade Portuguesa de Literacia em Saúde (SPLS) [Ipatimup - Institute of Molecular Pathology and Immunology of the University of Porto; i3S - Institute for Research and Innovation in Health; Portuguese Society for Health Literacy (SPLS) - partner since 2025]</p>		<p>cancer, skin cancer. Edition 2 (2023): pediatric tumors, prostate, lung, breast, skin, colon cancers. Edition 3 (2024): expanded topics including thyroid, gastric, bladder cancers in new cities. Edition 4 (2025): heredity and family history, life after cancer and quality of life recovery, cancer and environmental risks (pollution, radiation, passive smoking), cancer nutrition and food myths, precision oncology and innovative medicines access, prevention and early detection impact. Sessions include expert presentations, Q&A sessions, patient testimonials, and content transformed into podcasts.</p>
12	Portugal	<p>"Cancro: Comunicar para Melhor Conhecer" [Cancer: Communicate to increase knowledge]</p> <p>https://www.iade.europeia.pt/noticias/iade-e-liga-portuguesa-contra-o-cancro-juntos-em-projeto-de-literacia-em-saude/</p>	<p>IADE - Unidade Curricular de Laboratório de Comunicação Digital; Liga Portuguesa</p>	<p>The project aimed to explore the cancer situation in Portugal and around the world, highlighting the essential role of communication in prevention and treatment. By disseminating information based on</p>	<p>Final-year Communication Sciences students were challenged to explore the subject of cancer, in an innovative project that combines research and the</p>

			<p>Contra o Cancro – Núcleo Regional Sul (LPCC-NRS) [European University's Faculty of Design, Technology and Communication - Digital Communication Laboratory course; Portuguese League Against Cancer - Southern Regional Center (LPCC-NRS)]</p>	<p>scientific evidence, the aim was to raise awareness of the importance of early diagnosis and preventive measures.</p>	<p>production of hypermedia reports. Among the 20 pieces of work developed by the students, topics such as pediatric cancer, ovarian cancer and breast cancer stood out, explored through hypermedia reports. Each piece combined multimedia, fact-checking and interactivity, with the aim of offering the public accessible and impactful content. The reports were made available on digital platforms, reinforcing the importance of digital communication in raising awareness about cancer.</p>
13	Portugal	<p>"Vencer os mitos do cancro da próstata" [Fight misinformation about prostatic cancer]</p> <p>https://healthnews.pt/2025/11/06/liga-portuguesa-contra-o-cancro-desmonta-crencas-no-novembro-azul/</p>	<p>Liga Portuguesa Contra o Cancro [Portuguese Cancer League]</p>	<p>A campaign launched in November 2025 as part of the <i>November Blue</i> initiative, aimed at raising awareness about men's health issues.</p>	<p>Directed mainly at men between 50 and 70 years old, the campaign works to dismantle common misconceptions that hinder prostate cancer screening and encourages early detection. It was complemented by the social</p>

					media campaign #preventirtambémédehomem [#preventionisalsomanly].
14	Ukraine	Resolution of the Cabinet of Ministers of Ukraine dated April 8, 2025 No. 402 “Some issues of deregulation of economic activity in the healthcare sector” https://zakon.rada.gov.ua/laws/show/402-2025-n#Text	Cabinet of Ministers of Ukraine	Change of regulations in healthcare	Among other questions in the resolution - declaring as invalid the Resolution of the Cabinet of Ministers of Ukraine dated December 3, 2012 No. 1145 “On Approval of the Procedure for Issuing and Canceling a Special Permit to Practice Traditional Medicine (Healing)”
15	Ukraine	Social media pages of National Cancer Institute of Ukraine, cycle of issues about cancer myths	National Cancer Institute of Ukraine	Debunking cancer myths	Debunking cancer myths
16	Ukraine	Periodic publications on regional centers of disease control https://mk.cdc.gov.ua/news/rak-mify-i-realnist/	Regional centers of disease control	Debunking cancer myths	Debunking cancer myths
17	Italy	“Tumore, ma è vero che?” – National anti-fake-news oncology portal https://www.tumoremaeveroche.it/	AiOM and AiOM's Foundation	To provide citizens with certified, evidence-based answers about cancer and to counter fake news, myths and misleading claims on cancer causes, prevention and	The initiative consists of a national web portal where oncologists respond to common questions about cancer, debunking false beliefs on “miracle cures”,

				treatments circulating online and on social media.	diets, alternative therapies and alleged hidden treatments. Content is written in clear language and organised in thematic sections (e.g. alternative cures, food and diets, plants and vitamins, cancer causes and remedies). The portal is regularly updated and was presented at the Italian Ministry of Health as the first anti-fake-news platform dedicated specifically to oncology.
18	Italy	<p>“Facciamo chiarezza – Falsi miti sul cancro” (Let’s clarify – False myths about cancer)</p> <p>https://www.airc.it/cancro/informazioni-tumori/corretta-informazione</p>	AIRC – Fondazione AIRC per la Ricerca sul Cancro (Italian Association for Cancer Research)	To clarify the most common false myths about cancer, from so-called “miracle cures” to non-scientific theories, and to improve cancer literacy by providing accessible, evidence-based information for the general public.	AIRC maintains a national online section dedicated to “correct information” on cancer, which explicitly addresses and debunks frequent misconceptions (e.g. about foods, supplements, “natural” treatments or lifestyle risks). Articles are written by or with experts, summarise what scientific evidence actually shows, and aim to guide patients and citizens in distinguishing

					reliable cancer information from misleading content. This section is part of AIRC's broader mission to disseminate trustworthy oncology information in Italy.
19	Italy	Ministry of Health "Fake News" pages – Cancer and cancer prevention sections https://www.salute.gov.it/portale/fakeNews.jsp	Italian Ministry of Health (Ministero della Salute)	To identify and correct the most widespread health-related fake news in Italy, including those concerning cancer and cancer prevention, and to offer citizens official, evidence-based clarifications from national health authorities.	The Ministry of Health runs a dedicated online section on "fake news" that explains why misinformation about health is dangerous and systematically debunks common false claims. Within this framework there are thematic areas specifically devoted to "Tumori" and "Prevenzione tumori", where the Ministry reviews and corrects misleading statements about cancer risks, screening, and treatments, and provides links to verified sources and guidelines.
20	Italy	ISSalute – "Falsi miti e bufale" on cancer and cancer screening https://www.issalute.it/index.php/falsi-miti-e-bufale/tumori?filter_tag[0]=158	Istituto Superiore di Sanità (ISS),	To counter false myths and hoaxes on health, including cancer and cancer screening, by offering clear, scientifically grounded explanations	ISSalute is an institutional portal created by the Italian National Institute of Health to provide citizens with reliable

			through the ISSalute portal	and practical advice to citizens at national level.	health information and to “unmask” fake news. Within the section “Falsi miti e bufale”, several entries specifically address cancer-related myths (for example about supposed secret cures, the usefulness of screening tests, or alleged risks linked to everyday behaviours). Each article explains why the statement is false or misleading and summarises the available scientific evidence.
21	Italy	<p>“Metti a tacere le bufale con la vera prevenzione” (Silence the myths with real prevention) — as part of the Settimana Nazionale per la Prevenzione Oncologica (National Week for Cancer Prevention)</p> <p>https://www.lilt.it/publicazioni/Sani-Stili-di-Vita/elenco</p>	Lega Italiana per la Lotta contro i Tumori (LILT)	Raise awareness, counteract misinformation (“fake news”) about cancer, diet, and prevention; promote healthy lifestyles and evidence-based prevention.	The campaign focuses on public education about cancer prevention: encouraging a balanced diet (in particular the Mediterranean diet), physical activity, avoidance of smoking and excessive alcohol, and regular medical check-ups. It includes nationwide outreach through LILT’s provincial sections, volunteer engagement, dissemination of educational

					materials, and direct communication to warn against false or misleading information circulating on the web about cancer causes, cures, or prevention. The goal is to provide citizens with reliable information and encourage informed, healthy lifestyle choices as the best tool against cancer.
22	Ireland	<p>Misinformation and Disinformation in Cancer: An Intervention Development Award</p> <p>https://www.cancer.ie/cancer-research/misinformation-and-disinformation-in-cancer-an-intervention-development-award</p>	Irish Cancer Society	Research fund aiming to examine how widespread cancer misinformation and disinformation is in the Irish community, and for identifying measurable ways to help those affected by cancer avoid harmful false information and its potential economic, psychological, and health impacts.	In Ireland, little is known about how often alternative cancer treatments are used, even though improving cancer survival and quality of life is a priority of the Irish Cancer Society. The Society is already supporting research to understand the scale of the misinformation problem and now seeks to identify effective ways to help patients and their families protect themselves from its harmful economic, psychological, and health impacts. This funding call aims to support the

					development of an intervention designed to better equip people affected by cancer to recognise and resist false or misleading claims.
23	Ireland	Funded PhD: Digital Interventions Against cancer Misinformation (DIAM) Project	University College of Cork, Breakthrough Cancer Research, Lero (Research Ireland Centre for Software)	The goal of this PhD project is to develop and test digital interventions against cancer misinformation, based on psychological research into the factors underlying misinformation acceptance. Through a series of experimental studies, the PhD research will examine the potential of digital interventions that target cancer patients, as well as wider networks of people who may be susceptible to engaging with and spreading misinformation.	Digital tools such as discussion boards, apps and websites are often noted as leading sources of cancer misinformation. This misinformation might pertain to prevention of cancer, screening outcomes and treatment options. In the current digital era, many patients unsurprisingly seek out information via the internet. It is unrealistic to expect patients to avoid online information pertaining to a diagnosis they have received, which makes it all the more important to equip patients with the tools to evaluate information they are engaging with.

24	Ireland	<p>Debunking article: Cancer Fact or Fiction?</p> <p>https://www.cancer.ie/about-our-research/cancer-fact-or-fiction</p>	Irish Cancer Society	Providing a short, digestible answers to some of the most common questions/rumours about cancer people research online	<p>Explanation and debunking of common cancer myths and questions researched online:</p> <ul style="list-style-type: none"> - Can sunscreen chemicals cause cancer? - Does fluoride cause cancer? - Are powerlines, phones, radio masts and communication devices causing cancer? - Do mobile phones, mobile phone masts, Wi-Fi and 5G cause cancer?
25	Belgium	<p>Fondation contre le Cancer / Stichting tegen Kanker (Foundation against Cancer)</p> <p>https://cancer.be/</p>	Public-interest non-profit foundation, recognised in Belgium (merge of earlier national cancer associations)	<p>Fund scientific cancer research</p> <p>Promote cancer prevention and awareness</p> <p>Support patients and their loved ones, and provide information on cancer diagnosis, treatment and care.</p>	<p>The Foundation runs national-level prevention and screening promotion campaigns; provides a free helpline and information service (“Cancerinfo”) for individuals and families affected by cancer.</p> <p>Through grants (“Grants Cancer Prevention”), they fund research and operational projects aimed at primary prevention and early detection of cancer across Belgium.</p>

					They also provide social/psychological support, accompany patients from diagnosis onward, and facilitate access to information and care networks.
26	Belgium	<p>Think Pink Belgium — national breast-cancer awareness & support organisation</p> <p>https://www.think-pink.be/en/</p>	Think Pink (non-profit national breast cancer organisation)	<p>Raise awareness about breast cancer and the importance of early detection</p> <p>Support patients and survivors, defend patients' rights, fund research and follow-up care</p> <p>Promote healthy lifestyles and prevention measures related to breast cancer risk.</p>	Think Pink conducts campaigns on breast self-examination, breast cancer screening programs, and public awareness (e.g. "Pink Ribbon" campaigns). They organize fundraising and solidarity events (runs, walks, etc.) such as "Race for the Cure®" to support their awareness, support and research funding goals. They provide financial and psychosocial support to survivors in need (e.g., assisting with wigs or headwear through their "Beautiful Lengths Fund"). They also engage in advocacy and policy dialogue, working

					to improve access to quality care, support for survivors, and public health screening programs.
27	Belgium	<p>Clear the Air on Lung Cancer</p> <p>https://en.cleartheair.be/?utm_source=chatgpt.com</p>	All.Can Belgium	To dispel myths and misconceptions about lung cancer, raise awareness of symptoms and risk factors, and encourage timely medical consultation and solidarity with patients.	Clear the Air on Lung Cancer” is a public-awareness campaign — especially during Lung Cancer Awareness Month — highlighting that many common beliefs about lung cancer (e.g., “only smokers get it,” “lung cancer is always a death sentence,” “only old people get it”) are incorrect. The campaign provides information about early symptoms (persistent cough, unexplained weight loss, fatigue, etc.), non-smoking risk factors (pollution, radon, passive smoking, genetics), and stresses early detection’s importance. It also calls out misconceptions about vaping as “safe.” The aim is to improve public knowledge and reduce delay in seeking medical care.

28	Belgium	<p align="center">Belgian Cancer Inventory</p> <p align="center">https://www.sciensano.be/en/projects/belgian-cancer-inventory?utm_source=chatgpt.com</p>	Sciensano (and by request of Federal Cabinet)	To collect population-based data on cancer (prevention, screening, diagnosis, treatment, survivorship), monitor and evaluate cancer care and control policies, and provide evidence to inform planning and address gaps including inequalities.	Started Jan 1, 2023, the Belgian Cancer Inventory compiles a core set of epidemiological and care-related indicators across the cancer continuum, including prevention, early detection, diagnosis, treatment, care organization, quality of life, survivorship, and inequalities. By making accurate, up-to-date data easily available, this initiative reduces uncertainty and misinformation: policymakers, researchers, and public health actors can base decisions and public messages on solid evidence rather than myths or anecdote.
29	Romania	<p align="center"><i>Rethink and Reduce Inequalities in HPV Vaccination through Personalized Communication & training, based on social innovation and behavioral determinants of health</i></p> <p align="center">https://rethink-hpv.eu/en/</p>	Renasterea Foundation for Woman's Health Centre for Innovation in Medicine	The main goal of this project is to support Member States and EU-widening countries to ReThink and ReStart their HPV vaccination campaigns and so take a step closer to achieving Europe's Beating Cancer Plan and Cancer Mission objectives with regards to	1. Provide evidence-based knowledge for European countries with a low HPV vaccination rate on the best communication and engagement strategy to restart or improve their HPV vaccination campaigns based

			European School of Oncology	HPV vaccination and cancer prevention.	<p>on the understanding of behavioral determinants of health and social innovation.</p> <p>2. Provide guidance on how to tackle the vaccination and HPV vaccination infodemic, fake-news and disinformation/conspiracy theories.</p> <p>3. Develop training programs for the key actors in the process of HPV vaccination at the national level (training of trainers) - from implementing the idea of getting vaccinated until the vaccination itself.</p> <p>4. Implement the training and knowledge in two disadvantaged regions in Romania (Pilot Projects) and measure the level of HPV vaccination literacy before and after the implementation.</p>
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					<p>5. Disseminate the information to the national authorities and to other NGOs or civil entities from Romania and to representatives of other countries with a similar profile.</p> <p>6. Engage with relevant European institutions (e.g., Joint Research Center) and to contribute to the objectives of the Knowledge Center on Cancer, one of the flagships of Europe's Beating Cancer Plan.</p>
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30	Romania	<p>Anti-Fake. The week in 5 minutes</p> <p>https://antifake.ro/</p>	Eurocomunicare Association	<p>Anti-Fake is an initiative for digital education, public awareness, and combating misinformation. We are concerned with flagging information that offers distorted, misleading—but clever—interpretations of various situations. We uncover and analyze erroneous, misleading, or simply false content, thereby aiming not only to shed realistic and balanced light on the events presented, but also to help readers build a defense against various types of fake news. The reason we publish is to provide citizens with the information they need to govern themselves in a democracy.</p>	<p>Anti-Fake is an initiative for digital education, public awareness, and combating misinformation. We are concerned with flagging information that offers distorted, misleading—but clever—interpretations of various situations. We uncover and analyze erroneous, misleading, or simply false content, thereby aiming not only to shed realistic and balanced light on the events presented, but also to help readers build a defense against various types of fake news. The reason we publish is to provide citizens with the information they need to govern themselves in a democracy.</p>
31	Romania	<p>Misiunea Cancer în România Info (The Cancer Mission in Romania Info)</p> <p>https://raportuldegarda.ro/misiunea-cancer-romania-info/</p>	Centrul pentru Inovație în Medicină (INOMED)	<p>The Cancer Mission in Romania Info aims to bring together key information for Romanians, explaining European and national initiatives, as well as measures for cancer prevention and control at an individual level.</p>	<p>Improving understanding of cancer (UNderstanding CANcer) Prevention and early detection Optimizing diagnosis and treatment Quality of life and survival</p>

32	Romania	Planul Național de Combatere și Control al Cancerului (<i>The National Plan for Cancer Prevention and Control</i>)	Ministry of Health of Romania	Development of an integrated health information system in oncology for cancer prevention and care	Development of an integrated health information system in oncology for cancer prevention and care
33	Romania	"Truth saves lives. Misinformation destroys them," a legislative initiative to combat fake news in the medical field	Senate of Romania	The initiative aims to strengthen the prestige of the medical profession and ensure a climate of trust between citizens and the healthcare system, based on evidence, ethics, and responsibility.	The initiative aims to strengthen the prestige of the medical profession and ensure a climate of trust between citizens and the healthcare system, based on evidence, ethics, and responsibility.
34	Republic of Moldova	StopFals.md Fact-Checking Platform https://stopfals.md/	Association of Independent Press (API), UNICEF, USAID	To combat misinformation and fake news in health sector, including cancer-related myths, vaccination misinformation, and health conspiracy theories through professional fact-checking	Moldova's primary fact-checking platform (active since 2015, very active 2020-2025). Trained 73+ journalists on fact-checking methods. Developed "ABC of Disinformation" interactive tool covering health misinformation including COVID-19, vaccination myths. Meta Third-Party Fact-Checking Partner. Conducts trainings in Chisinau, Comrat, Cahul, Balti.
35	Republic of Moldova	Center for Strategic Communication and Countering Disinformation (STRATCOM)	President of Republic of Moldova /	To strengthen inter-institutional cooperation in fighting disinformation, including health-	Government institution established in July 2023 (Law No. 223). Coordinates anti-

		https://gov.md/	Parliament / Government (with GIZ, EU support)	related misinformation, manipulation of information and foreign interference affecting public health decisions	disinformation efforts across state institutions. Develops countermeasures against false narratives including health misinformation. Under Presidential authority since August 2025. 29 employees. Budget: 20 million MDL (2024). Works on crisis communication including health crises.
36	Republic of Moldova	StopCancer.md Information Portal https://stopcancer.md/	Medpark International Hospital	To provide accurate, evidence-based information about cancer prevention, diagnosis, treatment and care to combat health misinformation and myths about cancer in Moldova	Bilingual (Romanian/Russian) information platform providing: cancer information (symptoms, diagnosis, treatment, chemotherapy, prevention), expert consultations ("Ask the Doctor" feature), video content about cancer awareness, articles on common cancer myths. Covers breast, cervical, colorectal, prostate, pancreatic, liver and other cancers.

37	Republic of Moldova	National Cancer Control Programme 2016-2025 (Public Education Component) https://onco.md/	Ministry of Health, Oncology Institute, IAEA, WHO	To increase public awareness and education about cancer prevention, early detection, and treatment while combating cancer-related myths and misinformation	National program with specific objectives on communication, information and education of the public and healthcare providers. Includes: anti-cancer awareness campaigns (Breast Cancer Awareness Month, Cervical Cancer Prevention Week), free screening programs with information campaigns in 4 regional centers (Chisinau, Balti, Ungheni, Causeni). Goal: reduce mortality by 7%, increase early detection (Stage I-II) by 25%.
38	Republic of Moldova	Online National Cancer Registry https://onco.md/	Oncology Institute, IAEA, WHO, IARC	Provide accurate cancer data, track patient outcomes, support evidence-based policy and counter misinformation with real statistics	Online cancer registry at Oncology Institute with IAEA/WHO/IARC support. Tracks cancer incidence, mortality, treatment outcomes. 40,800+ oncology patients registered. Supports National Cancer Control Programme monitoring.
39	Republic of Moldova	UNICEF Moldova HPV Vaccination & Health Awareness	UNICEF Moldova,	Combat vaccine hesitancy and health misinformation through community	Community Engagement Campaign (2023-2024)

		https://www.unicef.org/moldova/	Ministry of Health, WHO	engagement, HPV vaccination promotion, public education	addressing vaccine hesitancy. HPV vaccination in national calendar since 2021 (ages 9-14). Methodological Consultative Vaccination Centre (May 2024). Mobile health teams.
40	Republic of Moldova	inforMD / InfoTrustAlliance Moldova https://www.giz.de/	German Federal Foreign Office (GIZ), IEP Berlin	Strengthen societal resilience against disinformation including health misinformation through media literacy	Multi-year project (2020-2025). Supports government communication center. Media literacy for students and journalists. Crisis communication coordination with health authorities. Experience sharing with Baltic states, Ukraine.
41	Republic of Moldova	IOM Breast Cancer Early Detection Campaign https://moldova.iom.int/	IOM Moldova, Ministry of Health, Oncology Institute, Norway	Increase cancer awareness and early detection among refugees, migrants and local women while providing accurate health information	Annual campaigns (2023, 2024, 2025). Free consultations and screenings. 1,800+ refugee cancer patients supported. 300+ women screened for breast cancer. 4 regional centers. Educational outreach.
42	Montenegro	No know initiatives			

National and European initiatives to combat misinformation on cancer-related topics

European Initiatives

No.	Name of initiative	Initiator	Purpose/Objective of the initiative	Description of the initiative
1	<p data-bbox="280 515 663 699">Personalised Cancer Primary Prevention Research Through Citizen Participation and Digitally Enabled Social Innovation</p> <p data-bbox="389 820 555 844">https://4p-can.eu/</p>	<p data-bbox="689 515 1151 584">Asociatia Central pentru Inovatie In Medicina (INOMED)</p> <p data-bbox="689 632 1016 700">State Establishment "Dnipropetrovsk Medical Academy Of Health Ministry Of Ukraine" (Dnipro)</p> <p data-bbox="689 748 1099 817">European Network for Smoking Prevention (ENSP)</p> <p data-bbox="689 979 1122 1086">Association for Help and Support of Patients With Gynecological Diseases (Femina M)</p> <p data-bbox="689 1134 1137 1203">Academia de Studii Economice din Bucuresti (ASE)</p> <p data-bbox="689 1251 1099 1319">Bulgarian Joint Cancer Network (BJCN)</p>	<p data-bbox="1182 515 1615 699">To understand the barriers in cancer primary prevention that cannot be influenced at the individual level (macro level) in CEE Consortium countries</p> <p data-bbox="1182 748 1615 932">To understand the barriers in cancer primary prevention that can be influenced at the individual level (meso and micro) in CEE Consortium</p> <p data-bbox="1182 979 1615 1131">To implement targeted public health communication campaigns on CPP measures in EU and non-EU 4P-CAN countries</p> <p data-bbox="1182 1179 1615 1331">To capture the citizen-centred social innovation & efficient implementation research for ECAC adoption</p>	<p data-bbox="1639 515 2123 1211">The 4P-CAN project vision is to understand, on the one hand, the barriers of ECAC adoption by the citizens in some of the Eastern EU countries, and on the other hand to investigate how the ECAC could be adapted to the reality of the Eastern non-EU countries, and to propose new ways of influencing healthy behaviours based on a personalized communication model and deep understanding of the reality surrounding the citizens. The overall 4P- CAN project constitutes a new citizen engagement model for CPP measures adoption, complementary to the Code and tailored to the studied countries.</p>

		<p>Plovdivski Universitet Paisiy Hilendarski (PU)</p> <p>Asociatia Eurocomunicare (EUROC)</p> <p>Fundatia Renasterea pentru Educatia, Sanatate Si Cultura (FR)</p> <p>Directorate For Health And Social Assistance (DGAMS)</p> <p>Instituto Nacional De Saude Dr. Ricardo Jorge (INSA)</p> <p>Montenegrian Society of Medical Oncology (CUMO)</p> <p>Fondazione Policlinico Universitario Agostino Gemelli Irccs (FPG)</p> <p>Echalliance Company Limited By Guarantee (ECHA)</p> <p>All Can International (All.Can)</p> <p>Rz Interrobang Graphics (Interrobang)</p> <p>International Agency for Research on Cancer (IARC)</p>	<p>To inform in real-time based on real-world data, the development, and then to test in real life the 5th edition of the European Code Against Cancer</p> <p>To integrate the data obtained</p> <p>To co-create policy recommendations for CPP implementation sustainability</p> <p>To disseminate the knowledge and educate the society (from citizens to stakeholders) and to value and celebrate health</p>	
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	<p>Beating Cancer Inequalities through Literacy in Europe (CURTAIN)</p> <p>https://curtainproject.eu/</p>	<p>Funded under the EU4Health programme, CURTAIN is a 3-year project coordinated by the Centre for Innovation in Medicine – INOMED, Romania, and bringing together a consortium of 15 partners from 9 countries (6 EU: Belgium, Bulgaria, Ireland, Italy, Portugal, Romania and 3 non-EU: Moldova, Montenegro, Ukraine.) The consortium represents a diverse group of stakeholders: national health institutes, consultancies, universities, NGOs, medical centers, associations.</p>	<p>The CURTAIN Project aims to reduce cancer-related inequalities across Europe by strengthening cancer literacy, the ability of individuals, organisations, and communities to access, understand, and use health information to make informed decisions.</p>	<p>CURTAIN’s mission is to build a Europe where everyone has the knowledge, tools, and opportunities to prevent and manage cancer effectively, regardless of who they are or where they live.</p> <p>By strengthening cancer literacy among citizens, health professionals, policymakers, researchers, and businesses, CURTAIN fosters collaboration across sectors to close the gap in cancer prevention, diagnosis, care, and survivorship.</p>
3	<p>The Epidemics Intelligence from Open Sources (EIOS)</p>	<p>World Health Organization (WHO)</p>		<p>The Epidemics Intelligence from Open Sources (EIOS) platform, created through collaboration between the World Health Organization (WHO) and the Joint Research Centre (JRC), was designed to rapidly identify potential threats to public health using information from the media. It helped the WHO detect the first signs of the coronavirus outbreak in Wuhan in late December 2019 and has since been used to map the spread of the disease worldwide. The platform is based on the JRC's</p>

				medical information monitoring system (MEDISYS), which compiles up to 120,000 articles related to the coronavirus pandemic every day.
4	The European Digital Media Observatory (EDMO) https://edmo.eu/about-us/edmoeu/	European Commission	The European Digital Media Observatory (EDMO) works to strengthen and enable collaboration among a multidisciplinary community of stakeholders tackling online disinformation.	<p>The European Digital Media Observatory (EDMO) works to strengthen and enable collaboration among a multidisciplinary community of stakeholders tackling online disinformation. It brings together fact-checkers, media literacy experts, and academic researchers to understand and analyse disinformation, in collaboration with media organisations, online platforms and media literacy practitioners.</p> <p>EDMO can count on a network of 15 national or multinational <u>Hubs</u> active across 28 countries in the EU and EEA. EDMO Hubs bring a unique potential to understand and act upon specific digital media vulnerabilities in the areas they cover.</p>
5	Health Misinformation Project	University of Bucharest National and Kapodistrian University of Athens	Combating misinformation related to health	Combating misinformation related to health

	https://unibuc.ro/universitatea-din-bucuresti-a-gazduit-prin-civis-openlab-un-workshop-dedicat-dezinformarii-in-sanatate/?lang=en	Sapienza University of Rome		
6	<p>Busting Myths About Cancer: Separating Fact from Fiction</p> <p>https://beatcancer.eu/en/resources/myths-about-cancer</p>	European Youth Cancer Network	In a world where rumors swirl, and fears abound, it's time to shed light on the myths that shroud cancer in unnecessary mystery. From whispers about mobile phones causing cancer to the misconception that a cancer diagnosis is a one-way ticket to the end, these falsehoods often lead to unnecessary worry and stress. Let's face it, misinformation is rampant, and cancer myths are no exception. But armed with knowledge, we can untangle fact from fiction and empower ourselves with accurate information.	In a world where rumors swirl, and fears abound, it's time to shed light on the myths that shroud cancer in unnecessary mystery. From whispers about mobile phones causing cancer to the misconception that a cancer diagnosis is a one-way ticket to the end, these falsehoods often lead to unnecessary worry and stress. Let's face it, misinformation is rampant, and cancer myths are no exception. But armed with knowledge, we can untangle fact from fiction and empower ourselves with accurate information.
7	The fight against disinformation on health issues in the EU	The Council of the European Union	Continuing to guarantee a high level of well-being and health through the Health Union. The need to support the European level in the fight against health obscurantism and misinformation.	<p>The fight against misinformation in the field of health is in line with numerous European initiatives in the field of prevention and “enlightened”/well informed health promotion.</p> <p>The loss of confidence in science and health authorities, and the resulting disruption of public debate,</p>

				<p>represent a major challenge for our democracies.</p> <p>Misinformation, particularly in the field of health, is a structural threat to our democracies, our public policies and, de facto, our health policies. The spread of disinformation and misinformation compromises the dissemination of knowledge, the defense of scientific truth, and the Union's resilience and security.</p>
8	How to reduce the impact of disinformation on Europeans' health	European Parliament Policy Department for Economic, Scientific and Quality of Life Policies Directorate-General for Internal Policies	This paper provides a broad overview of the emerging challenges connected with disinformation in the area of health, how it spreads and the damage it causes. The report highlights proposed or implemented measures at national, European and international level to address health-related disinformation, accompanied by recommendations to mitigate its impact on the well-being of Europeans.	The report deals with the complexities of defining and distinguishing terms such as 'misinformation', 'fake news' and 'disinformation.' It identifies disinformation as a deliberate and strategic dissemination of false or incomplete information, accompanied by the element of intent. The report underscores the crucial reliance on trusted sources. It delves into the 'infodemic' phenomenon during health crises, where an overflow of information, both accurate and misleading, impacts public health and societal

				perceptions. At the same time, it debates the suitability of the term 'infodemic', emphasising the need for research on a better understanding of the impact of misinformation in this area.
9	<p>The European Code against Cancer, 5th edition (ECAC5)</p> <p>https://cancer-code-europe.iarc.who.int/</p> <p>https://cancer-code-europe.iarc.who.int/wp-content/uploads/2025/10/ECAC5-Dissemination-Report.pdf</p>	International Agency for Research on Cancer (IARC/WHO)	<p>The European Code Against Cancer, 5th edition (ECAC5) consists of 14 recommendations based on current scientific evidence on personal behavioural factors, environmental factors, and medical interventions, specific to the general population in the EU. For the first time, ECAC5 is aimed not only at individuals but also at policy-makers, including 14 complementary recommendations on population-level measures that may reinforce the recommendations for individuals. These recommendations provide co-benefits to prevent other noncommunicable diseases (NCDs) with similar underlying risk factors, and opportunities for</p>	<p>The European Code Against Cancer, 5th edition (ECAC5) consists of 14 recommendations based on current scientific evidence on personal behavioural factors, environmental factors, and medical interventions, specific to the general population in the EU. For the first time, ECAC5 is aimed not only at individuals but also at policy-makers, including 14 complementary recommendations on population-level measures that may reinforce the recommendations for individuals. These recommendations provide co-benefits to prevent other noncommunicable diseases (NCDs) with similar underlying risk factors, and opportunities for health promotion. Together, the ECAC5 recommendations provide a roadmap to reduce cancer risk, tackle misconceptions about cancer, and</p>

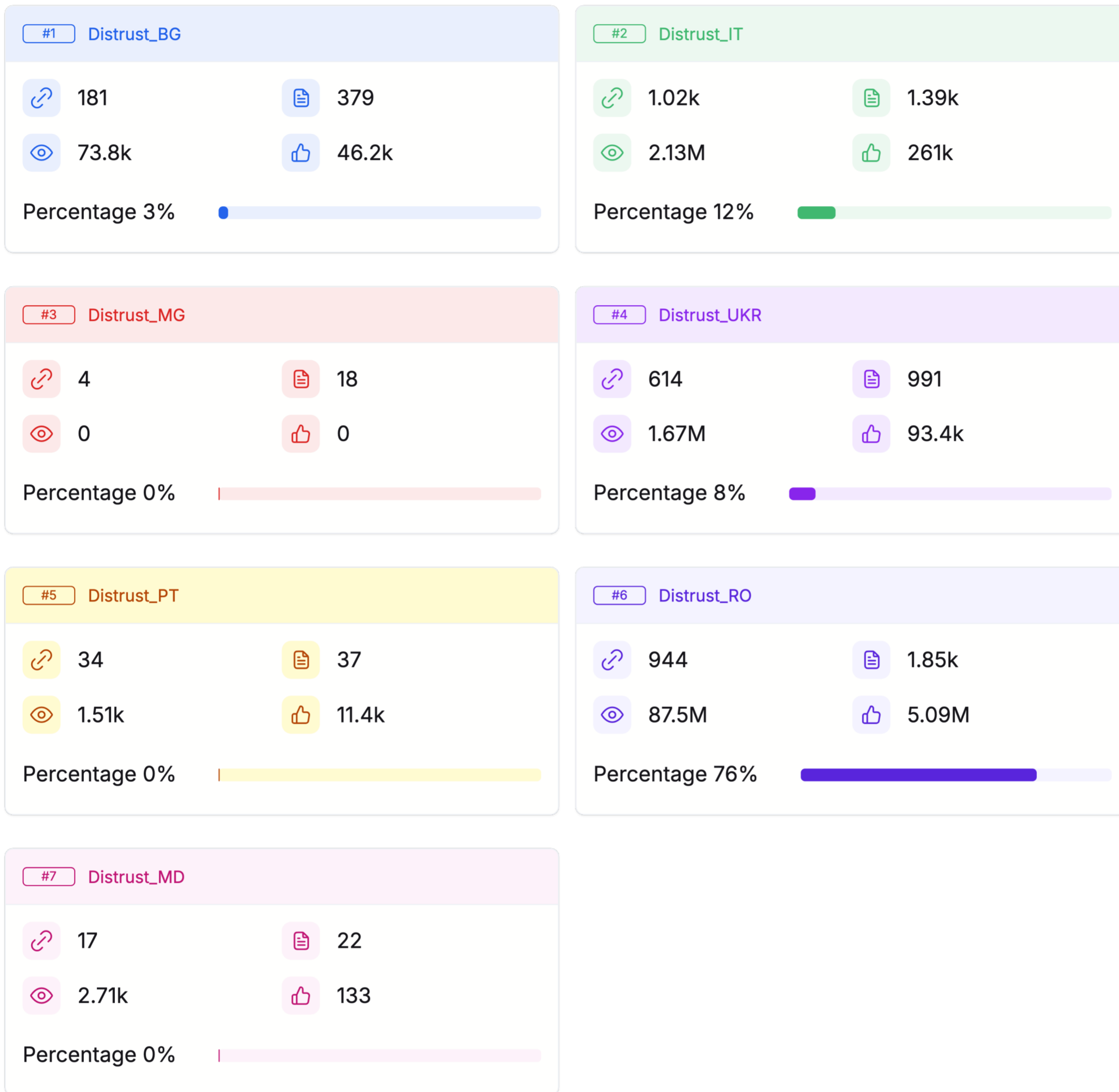
			health promotion. Together, the ECAC5 recommendations provide a roadmap to reduce cancer risk, tackle misconceptions about cancer, and improve public health and well-being.	improve public health and well-being.
10	Funds made available by the European Commission to increase health literacy for cancer prevention. For example: Call for Proposals to Increase Health Literacy for Cancer Prevention and Care	European Commission	The main objective of this action is to support health literacy for cancer prevention and care, to improve health literacy and to focus on reducing inequalities in cancer prevention and care.	This action supports the implementation of the Europe's Beating Cancer Plan objective to launch a project on 'Health Literacy for Cancer Prevention and Care' and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, point (a), of Regulation (EU) 2021/522.

Distrust_Comp

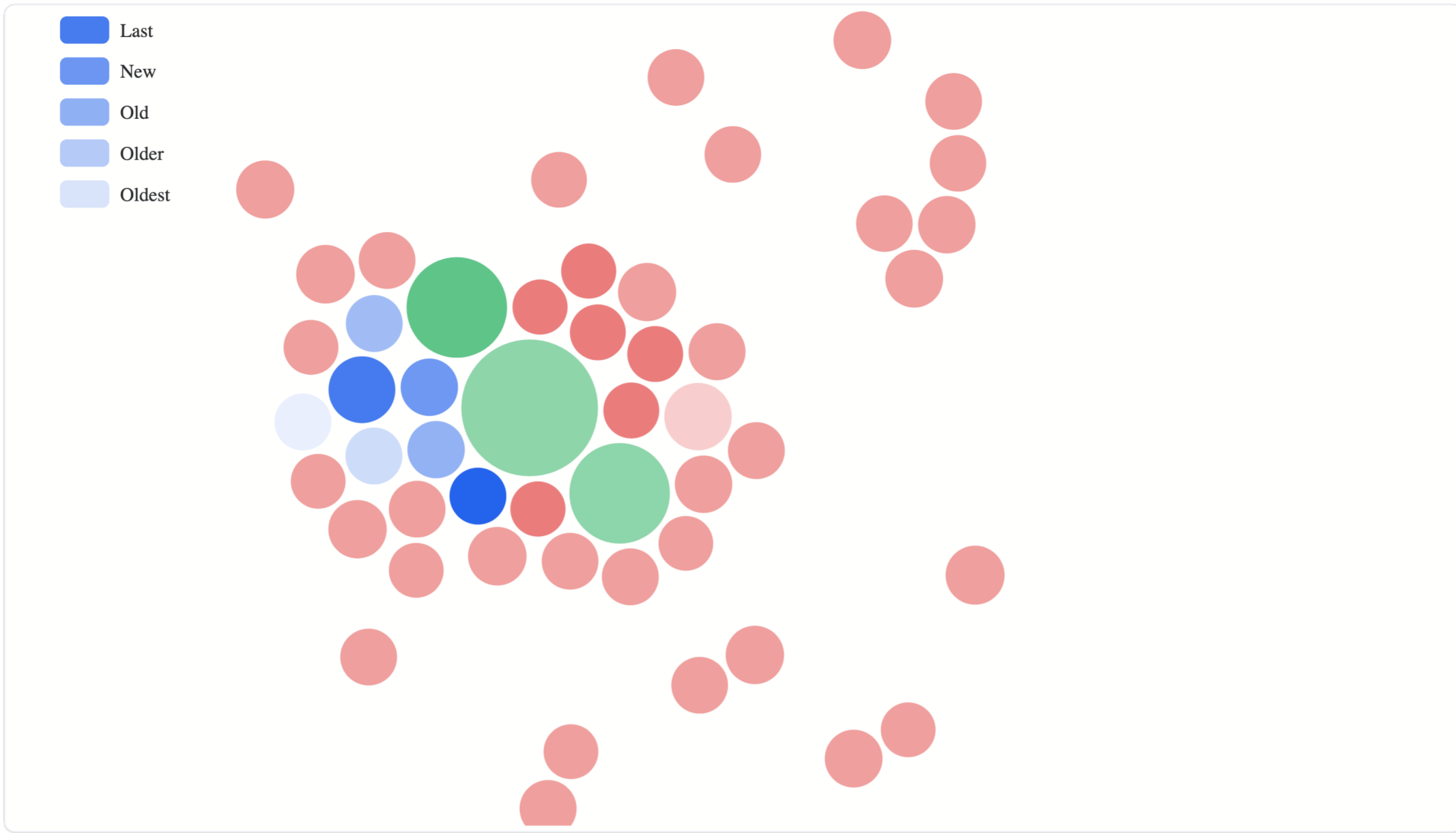
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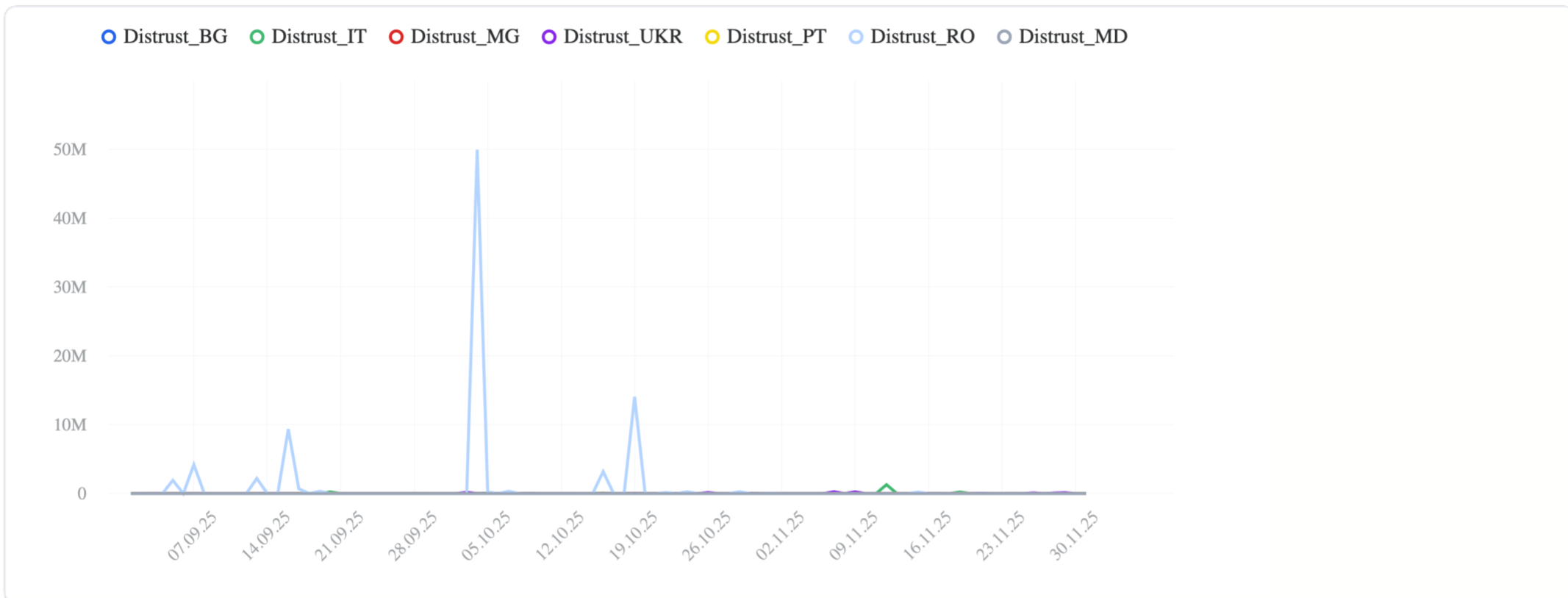
Cases



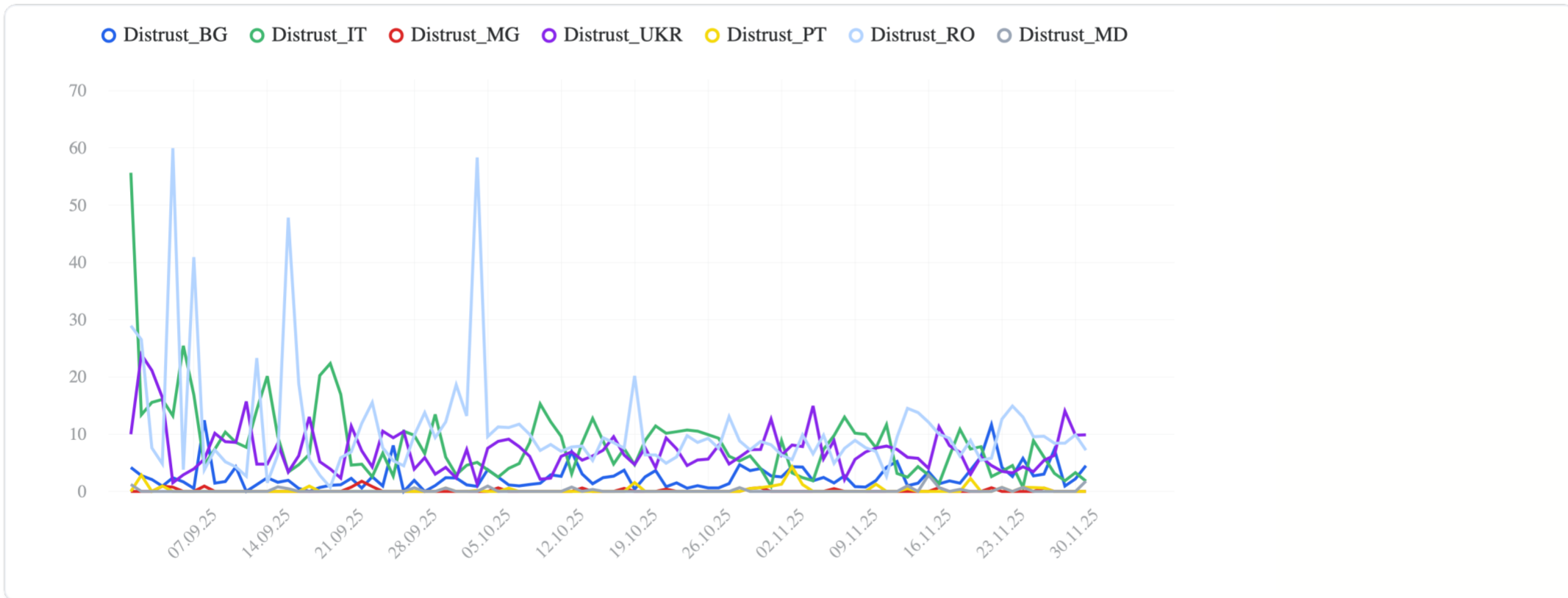
Publications distribution



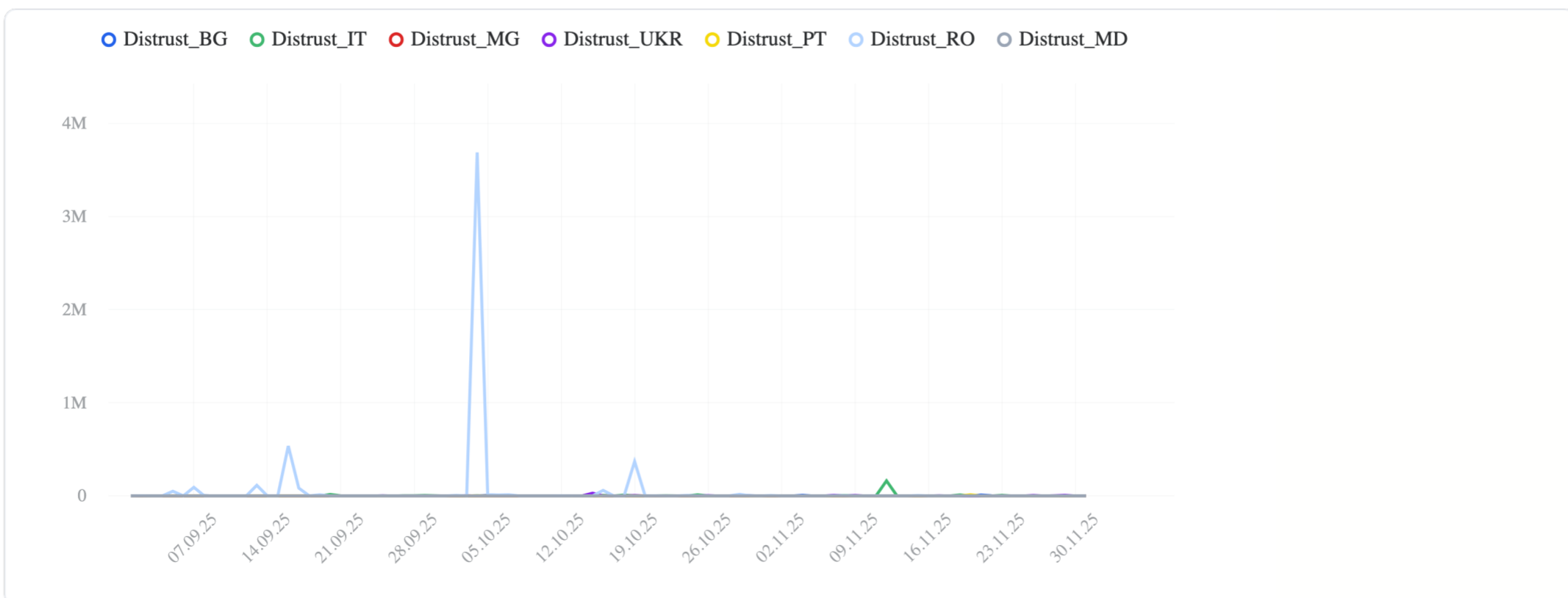
Evolution: Views



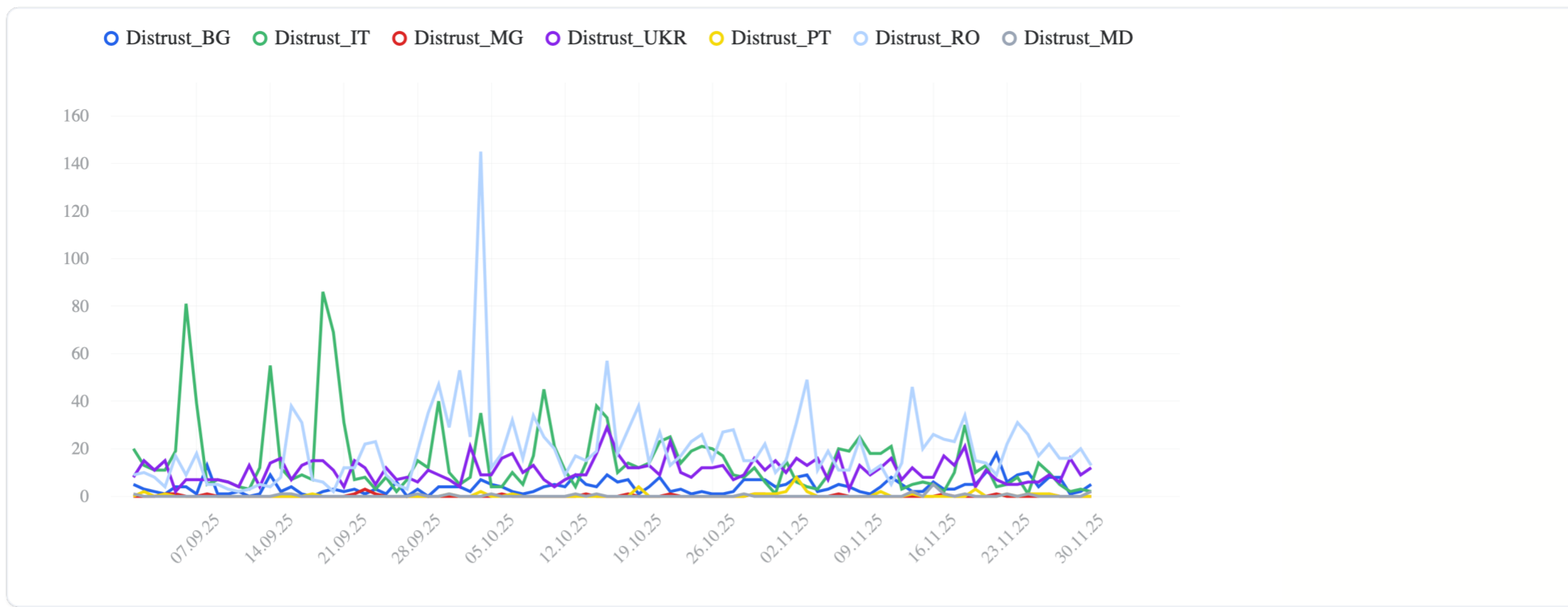
Evolution: Percentage



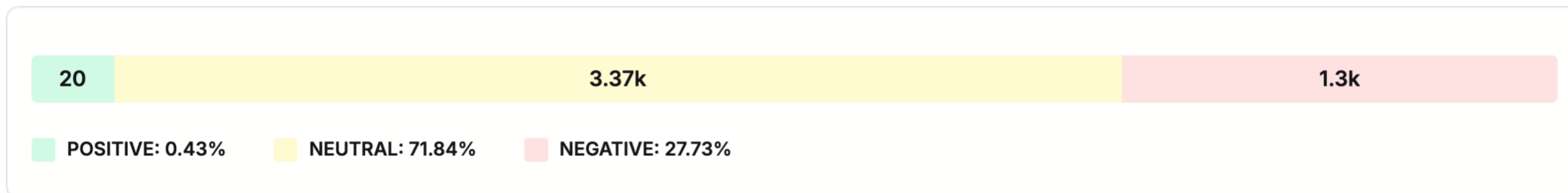
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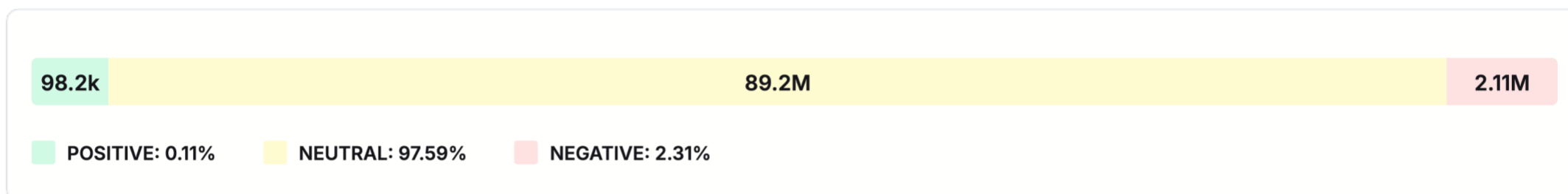
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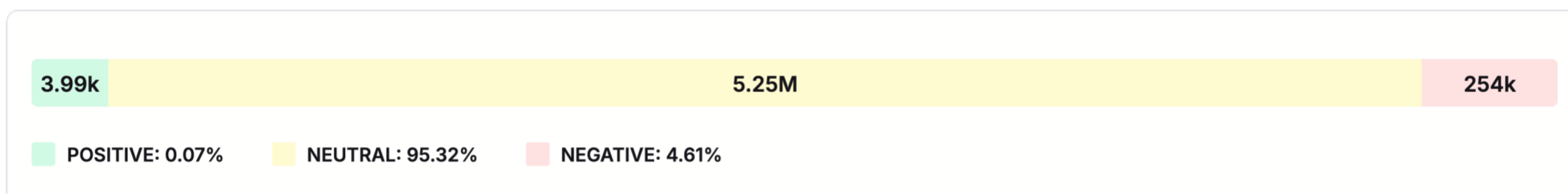
Sentiment: Publications



Sentiment: Views



Sentiment: Reactions





Natural remedies_COMP

Summary

ACTORS
15,727

PUBLICATIONS
41.1k

VIEWS
360M

REACTIONS
26.3M

Cases

#1 Natural remedies_RO

3.25k	7.34k
103M	9.13M

Percentage 27%

#2 Natural remedies_BG

8.96k	20.9k
200M	14.2M

Percentage 54%

#3 Natural remedies_IT

1.36k	2.43k
16.5M	1.01M

Percentage 5%

#4 Natural remedies_MG

45	289
67k	7.46k

Percentage 0%

#5 Natural remedies_PT

295	551
1.78M	79.9k

Percentage 1%

#6 Natural remedies_UKR

3.85k	9.39k
37M	1.66M

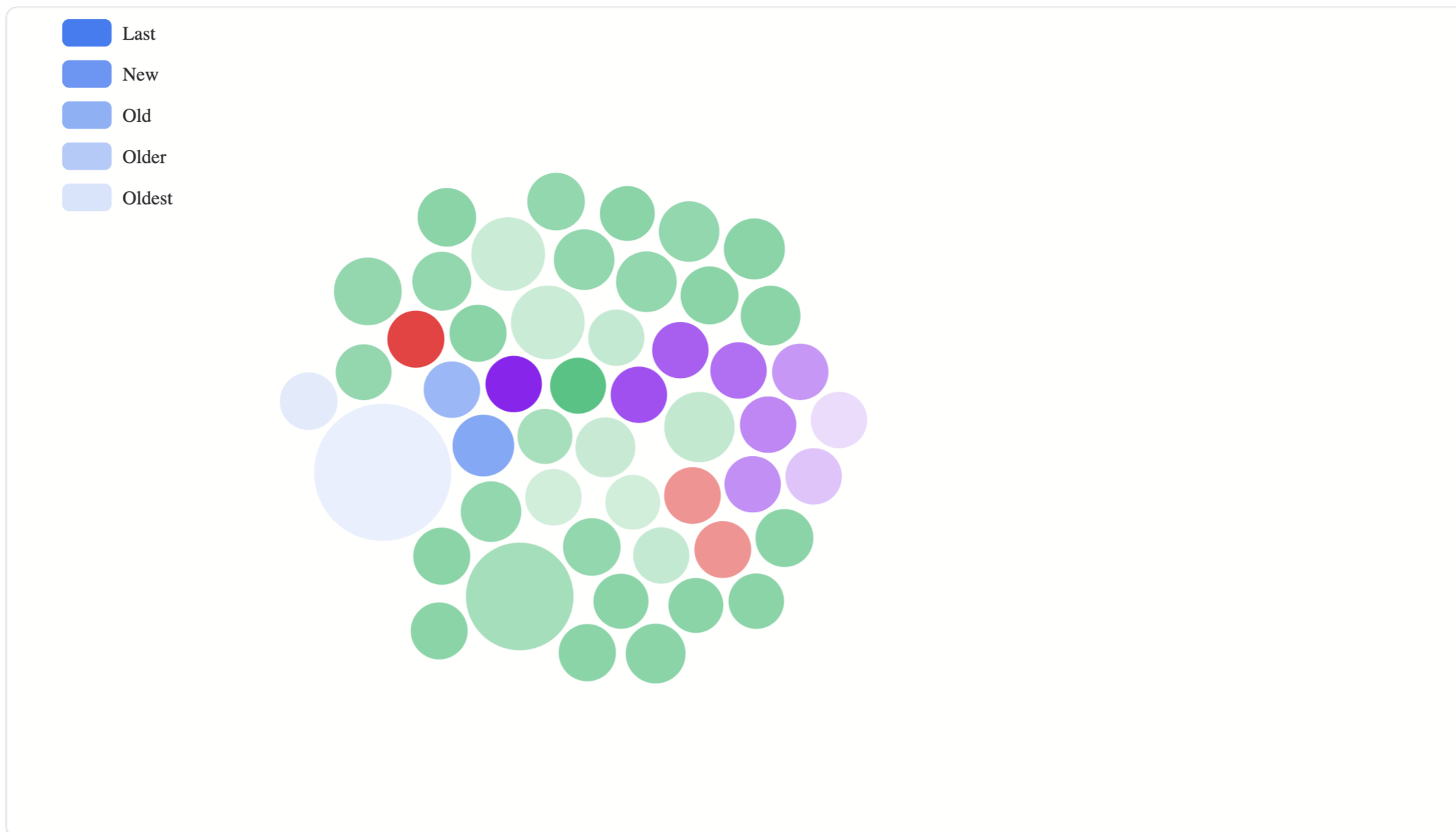
Percentage 13%

#7 Natural remedies_MD

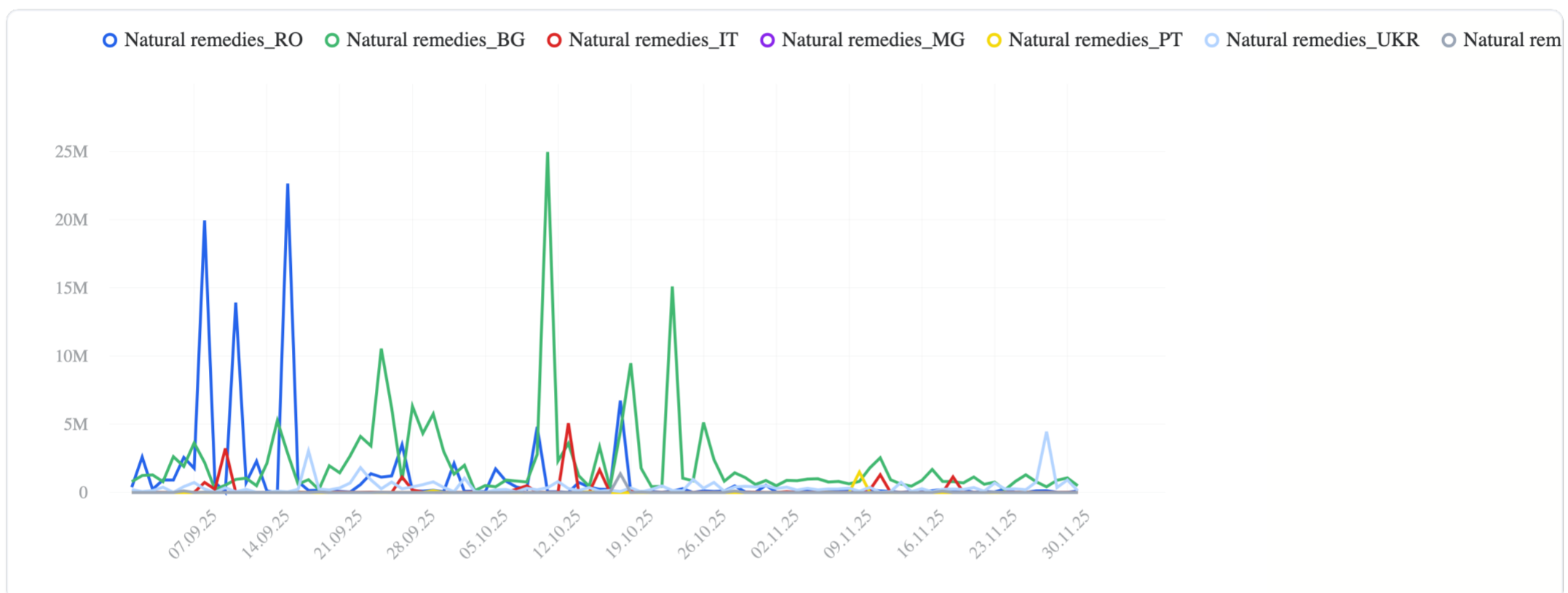
105	201
1.92M	130k

Percentage 1%

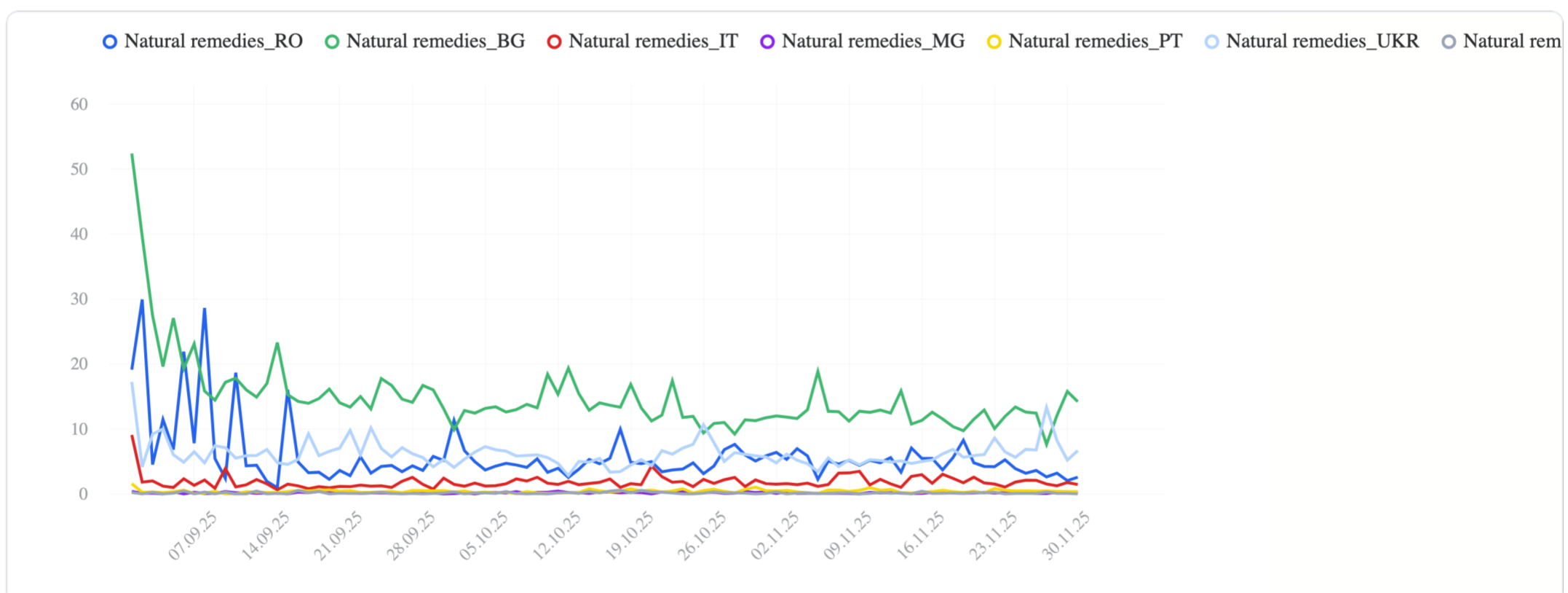
Publications distribution



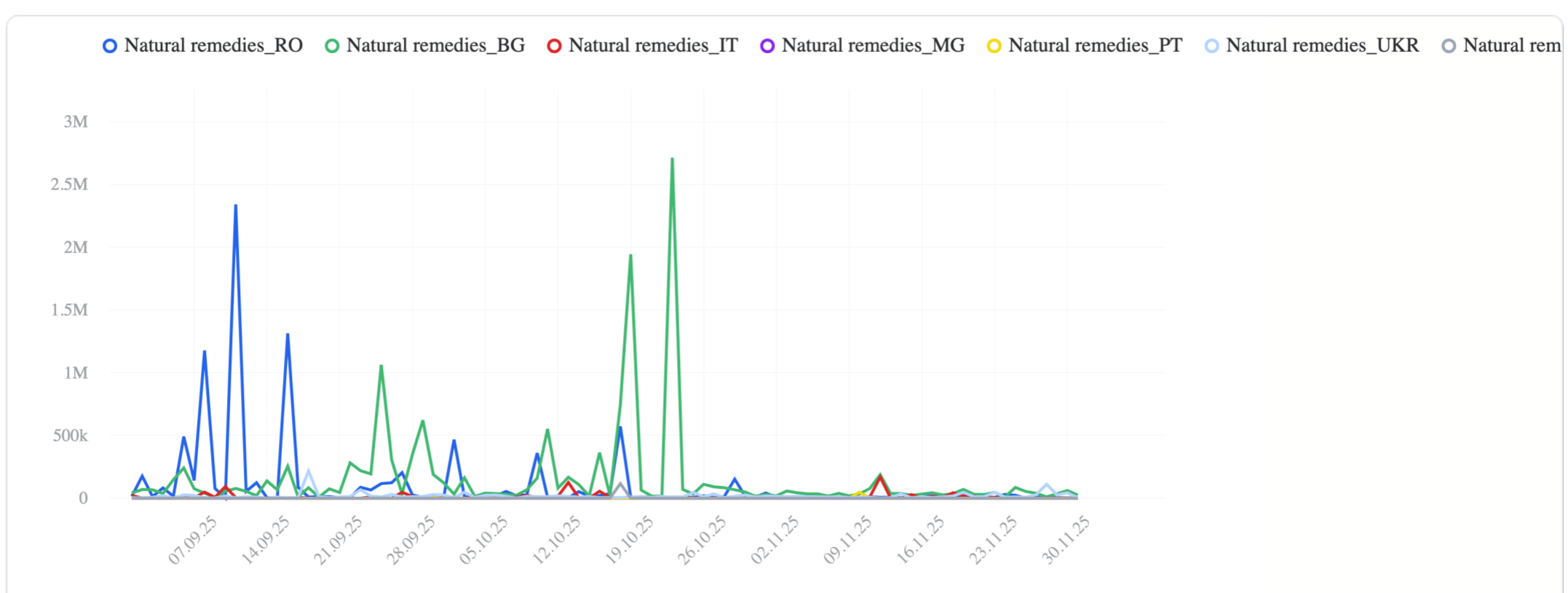
Evolution: Views



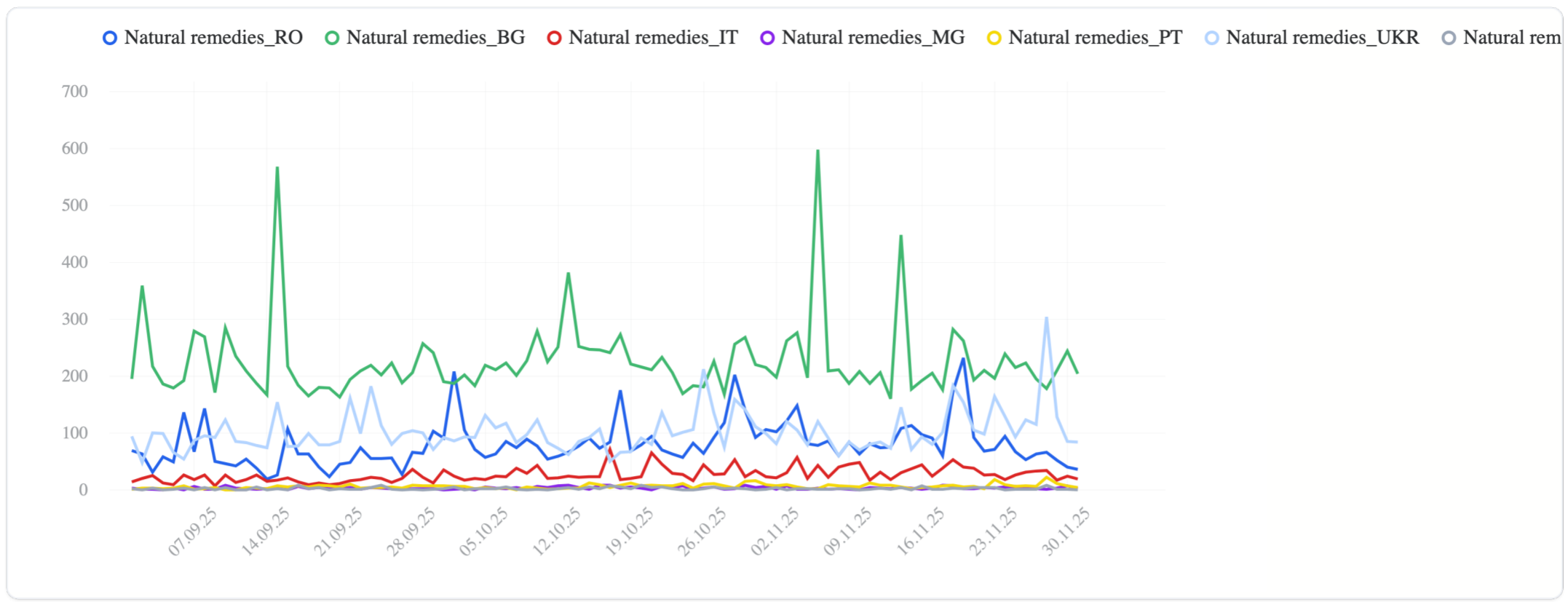
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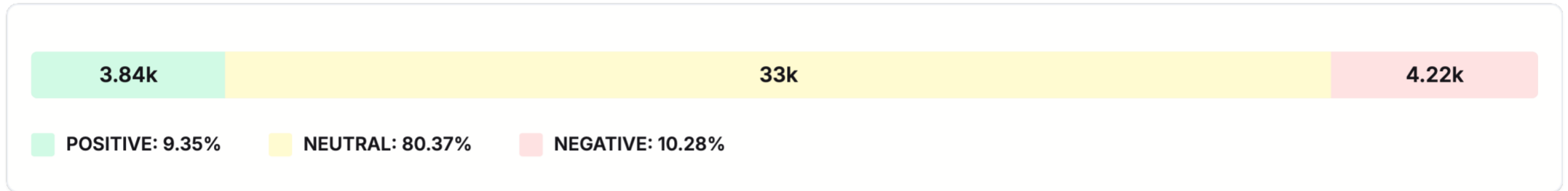
Evolution: Reactions



Evolution: Publications



Sentiment: Publications










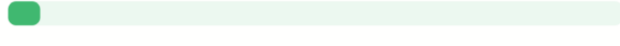



























Supplements_Comp

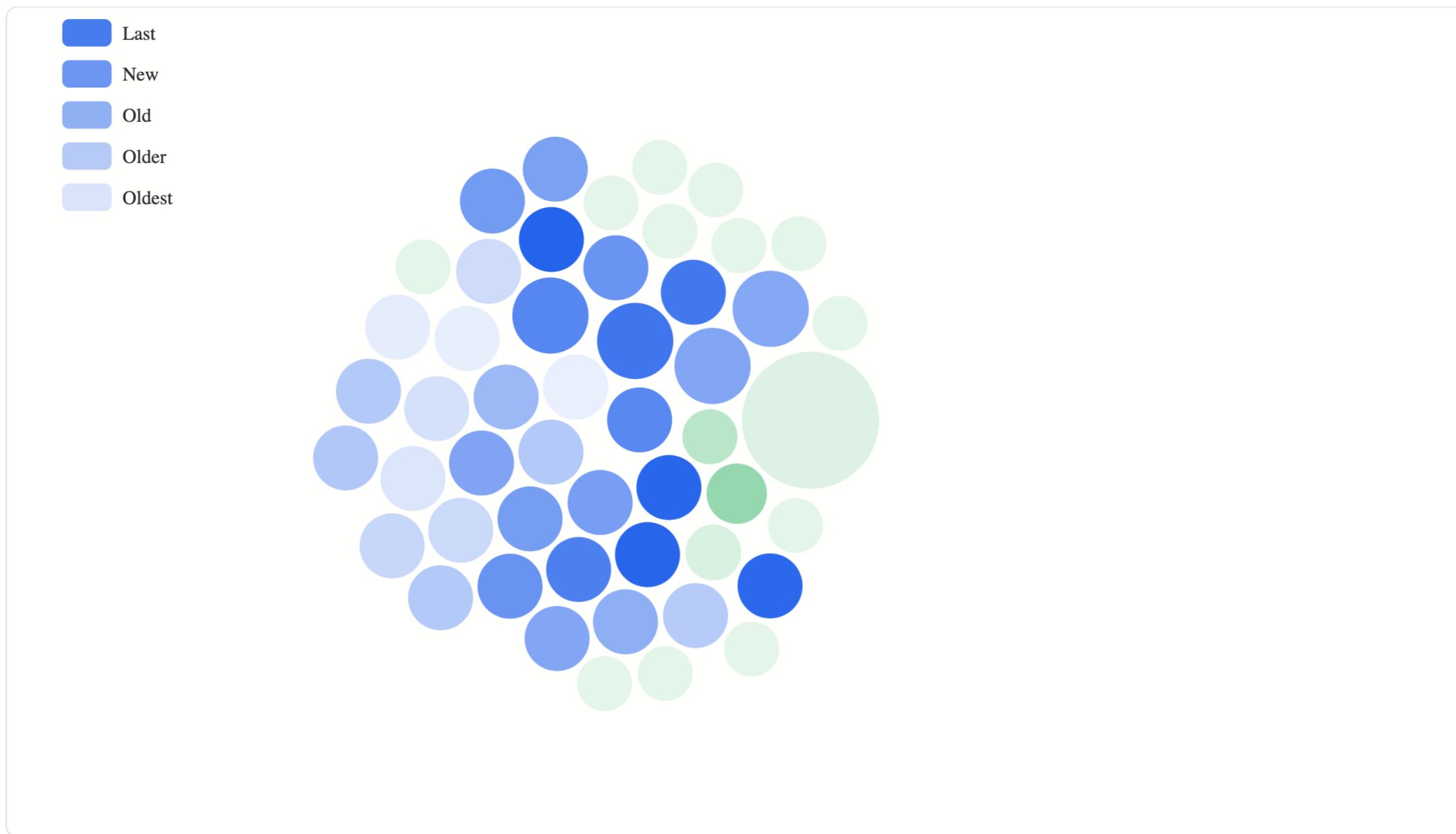
Summary

 ACTORS 7,248	 PUBLICATIONS 15.8k	 VIEWS 579M	 REACTIONS 42.9M
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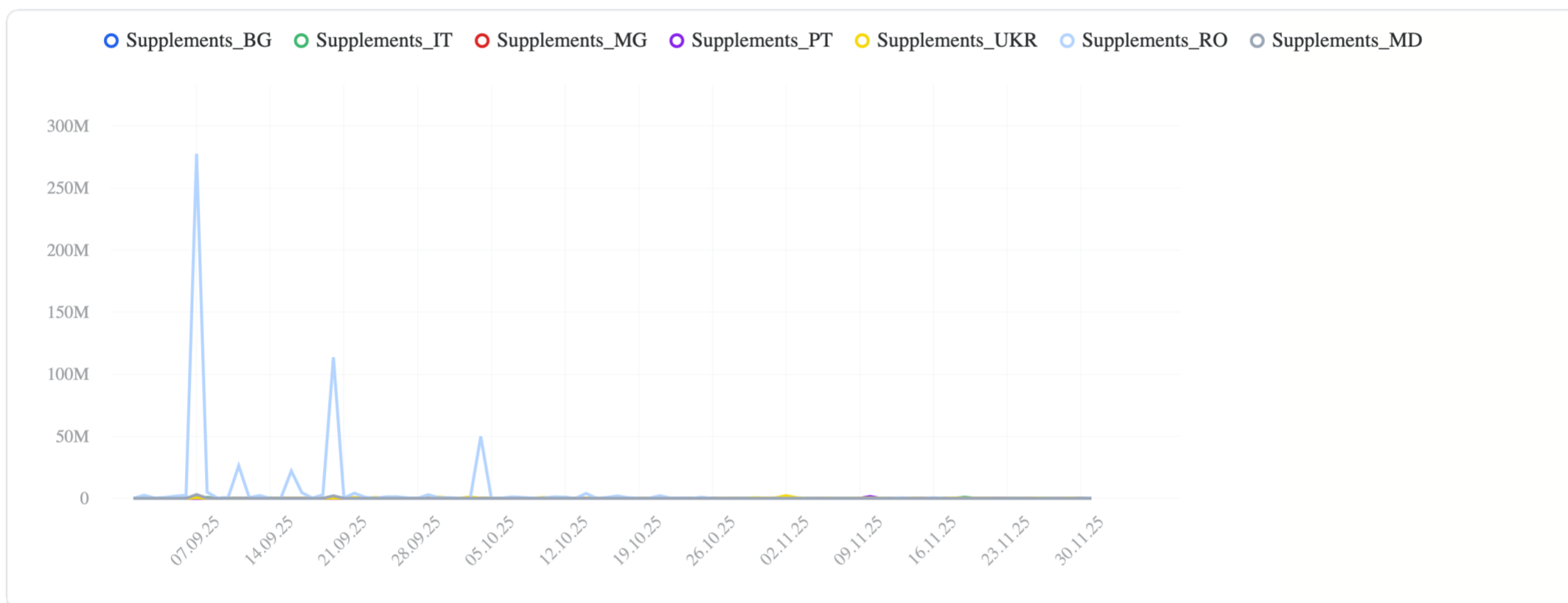
Cases

#1 Supplements_BG  313  1.15k  291k  81.9k Percentage 2% 	#2 Supplements_IT  1.36k  2.28k  3.07M  310k Percentage 5% 
#3 Supplements_MG  24  196  66.9k  7.41k Percentage 0% 	#4 Supplements_PT  299  571  2.06M  110k Percentage 1% 
#5 Supplements_UKR  2.28k  4.8k  20.8M  886k Percentage 12% 	#6 Supplements_RO  2.97k  6.65k  547M  41.1M Percentage 77% 
#7 Supplements_MD  93  186  5.81M  427k Percentage 1% 	

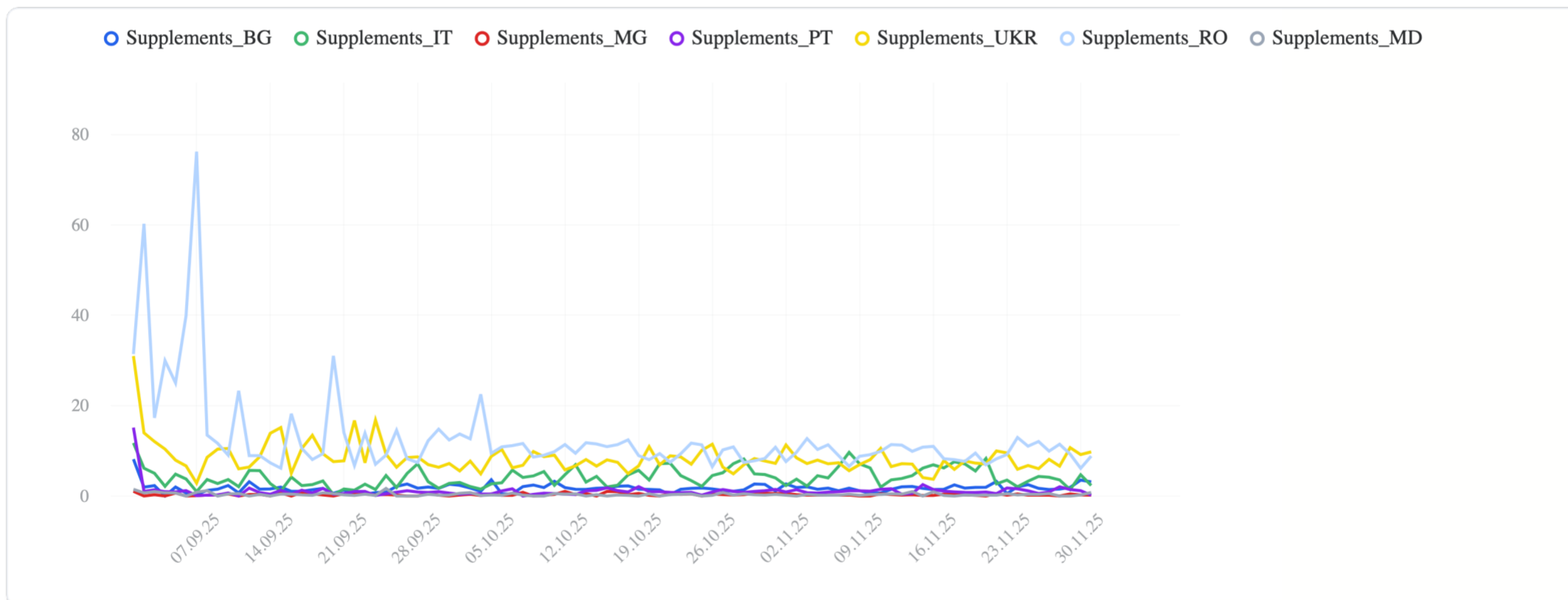
Publications distribution



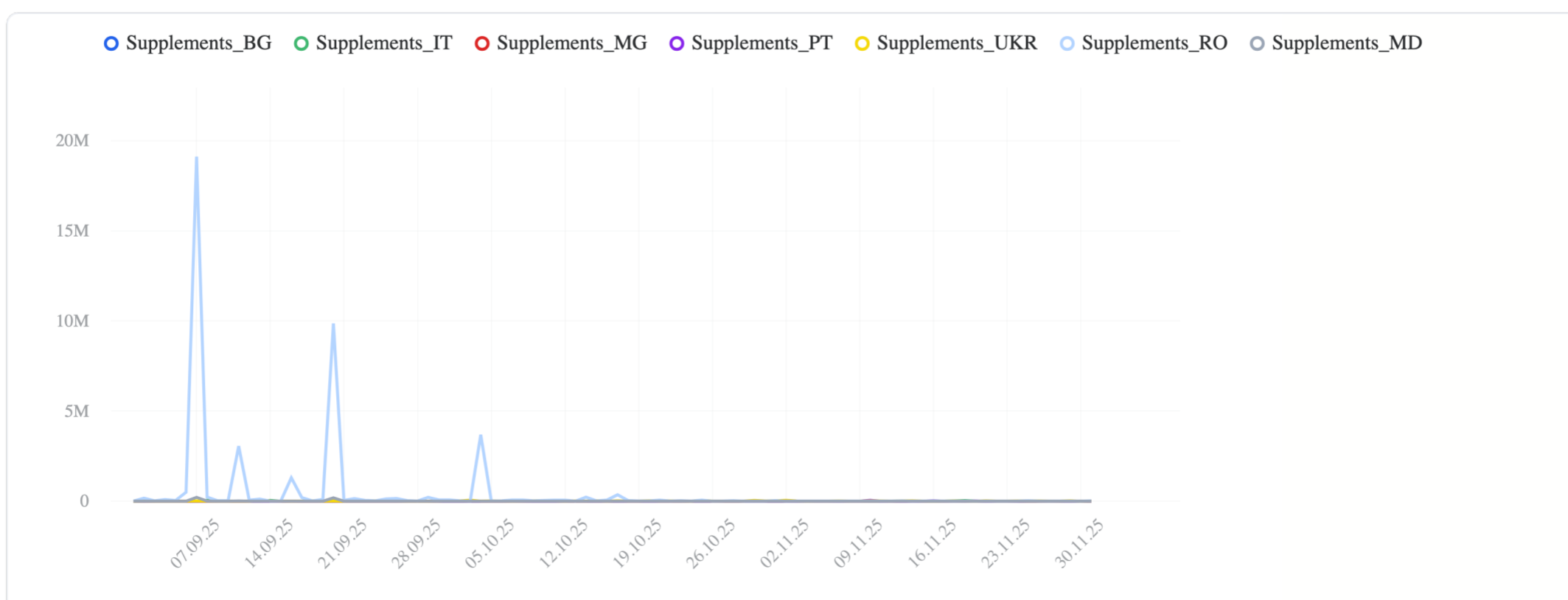
Evolution: Views



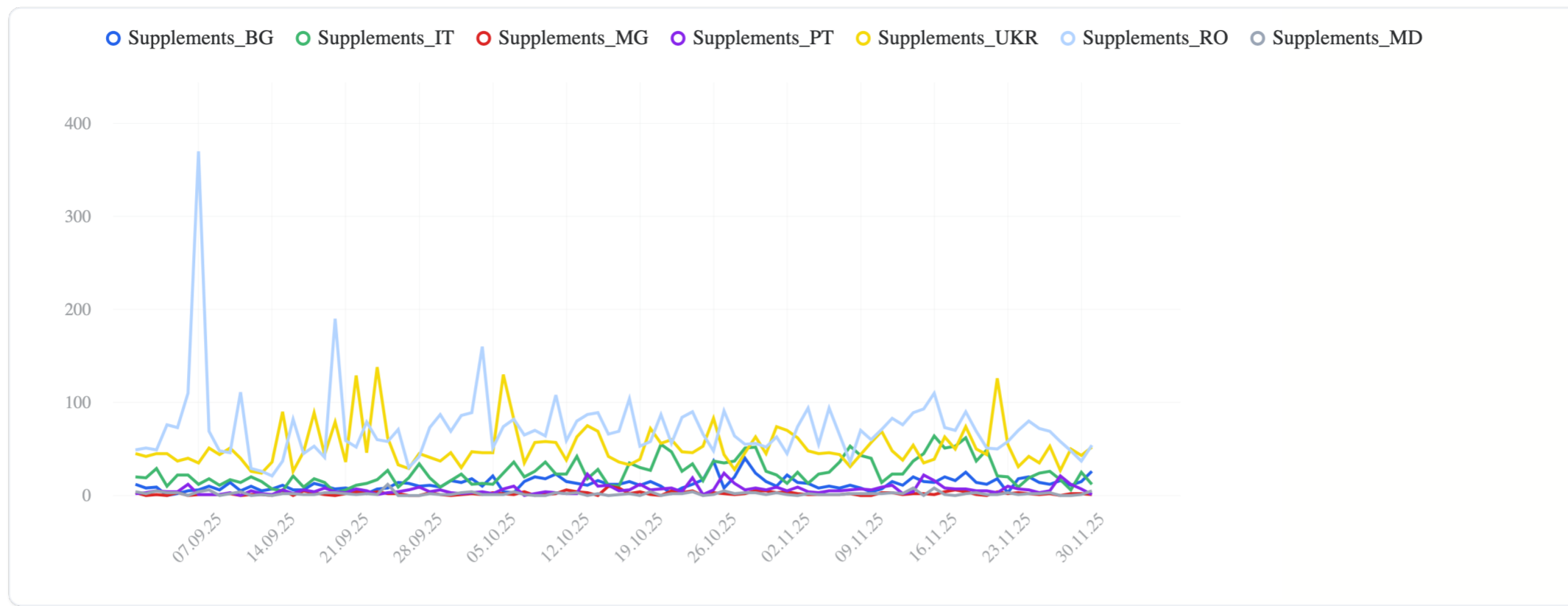
Evolution: Percentage



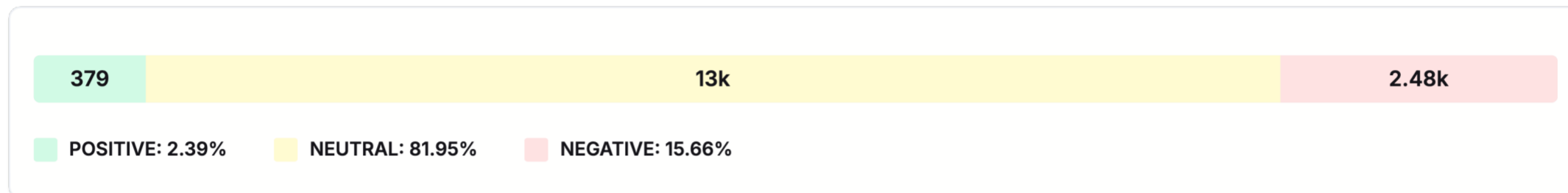
Evolution: Reactions



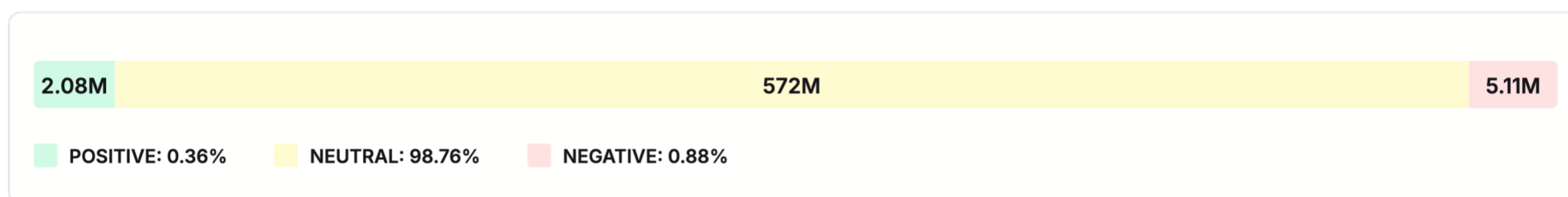
Evolution: Publications



Sentiment: Publications



Sentiment: Views



Sentiment: Reactions

