International Agency for Research on Cancer

World Health Organization

Governing Council **GC/67/16**
Sixty-seventh Session 19 March 2025

Lyon, 6–8 May 2025
Hybrid format

ACCEPTANCE OF GRANTS AND CONTRACTS, INCLUDING REPORT ON INTEREST APPORTIONMENT

1. Post facto reporting

The Governing Council is invited to note the post facto reporting of grants and contracts accepted by the Director over €100 000.00 per annum, including sums passed to third parties, as detailed below.

Cancer Surveillance Branch (CSU)

1.1 Project title: **Supporting Population-Based Cancer Registries Phase V – Year 2**

This project is part of the overall efforts for the Global Initiative for Cancer Registry (GICR). It brings together a collaboration with various partners to assist in capacity building in Africa and Asia. It will support the development of global goods in cancer registration and directed support in selected countries. It allows the GICR model to be more fully implemented. IARC will work closely with country representatives, the African Cancer Registry Network, the GICRNet trainers, the IARC GICR Collaborating centres and Vital Strategies.

Donor:	Vital Strategies (US)
Duration:	12 months
Funds for IARC:	€103 282.00 (US$ 113 000.00)
Funds for partners:	n/a
Total:	€103 282.00 (US$ 113 000.00)
Partner:	n/a

1.2 Project title: **Targeting Childhood Cancer through the Global Initiative for Cancer Registry development – Year 5**

In recognition of the shared mission to improve the outcomes of childhood cancer, St. Jude Children's Research Hospital (SJCRH) and IARC recognize a common goal to implement a bilateral childhood cancer collaborative initiative through the GICR. The aims of this effort include: (1) Expanding and improving cancer control data; (2) Developing educational strategies to strengthen the cancer registry workforce globally at scale; (3) Conducting relevant epidemiologic and health

economics research. Each of these aims is pursued by working groups composed of staff from both collaborating institutions.

The implementation working group will continue to engage with the designated target countries in developing population-based childhood cancer surveillance plans by providing technical support to countries and promote the collection, dissemination, and use of registry data for childhood cancer control at local, regional, and global levels. The educational working group will review and standardize developed teaching materials, assess the impact of the ChildGICR educational strategy, animate the group of trainers and identify new educational needs. The research working group will continue develop data standards, advocate for sharing childhood cancer data in research and formalise a workplan to study childhood cancer costs.

Donor:	St Jude Children's Research Hospital (US)
Duration:	12 months
Funds for IARC:	€355 802.11 (US$ 387 584.00)
Funds for partners:	n/a
Total:	€355 802.11 (US$ 387 584.00)
Partner:	St Jude Children's Research Hospital (US)

Epigenomics and Mechanisms Branch (EGM)

1.3 Project title: **Epigenome-wide analysis across the development span of paediatric brain cancer: backtracking to birth**

Brain cancers are the most common solid tumours and primary killers among all diseases in children. Hence, understanding their causes is crucial, particularly that there has been no major clinical progress for these cancers over the past 20 years. But these cancers are rare, so novel approaches and international effort are vital for bringing together various disciplines, data and biospecimen from many countries.

Epigenetic mechanisms may likely play a pivotal role in the development of paediatric brain cancers, especially considering that the origin of these cancers may trace back to the in-utero period, which is largely driven by epigenetic mechanisms. Epigenetics controls gene activity by dictating how the DNA sequence is read but without changing the DNA sequence itself. Our epigenome intricately knits the DNA strands into a molecular imprint of nature and nurture – that is what our genes give to us and what our environments give to our genes. This is why the epigenome can capture a molecular snapshot – sort of a diary – of early life factors that the baby had been exposed to during pregnancy.

To generate epigenetic imprints, biological samples are needed, and those used so far in paediatric brain cancer research have mostly been based on clinical samples collected after disease onset. However, biomarkers and biological processes identified from these samples can be due to the cancer rather than its cause – what is known as reverse causality. For this reason and because childhood cancer may have an in-utero origin, we've decided to travel back in time and collect biological samples from children at birth who went on to develop brain cancer later on. Some of these samples, such as Guthrie Cards, are often available through routine screenings at birth. We then map the epigenomes of those individuals from birth until diagnosis in order to

find early origins of this cancer. In a way, we are using modern technology as 'epigenetic time machines' that generate molecular questionnaires reflective of past exposure, lifestyle and risk factors, since the time of birth.

Such an innovative approach, including follow-up from birth to the clinic, cannot be implemented in single populations without international collaboration. Resources from 20 countries will be used to tackle this challenge at a scale, design and uniqueness that is beyond the reach of any single country. This work can provide a proof-of-concept to detect epigenetic precursors that could be at the early origins of paediatric brain cancers, with strong translational impact in early-detection and targeted therapy.

Donor:	Institut National du Cancer (FR)
Duration:	48 months
Funds for IARC:	€409 806.00
Funds for partners:	€135 000.00
Total:	€544 806.00
Partners:	Centre de Recherche en Cancérologie de Lyon (FR), Institut national de la santé et de la recherche médicale (FR), Murdoch Children's Research Institute (AU), Norwegian Institute of Public Health (NO), University of Oslo (NO)

1.4 Project title: **Dissecting the role of acetaldehyde in oral carcinogenesis – Year 3**

Ethanol is a human carcinogen linked to various cancers, including those in the oral cavity. Despite strong epidemiological evidence, the mechanisms of ethanol's carcinogenicity are unclear, limiting the development of preventive strategies. Ethanol's major metabolite, acetaldehyde (AA), is believed to play a key role in head and neck cancers by reacting with DNA, forming adducts that may cause mutations and cancer if not repaired.

People with genetic deficiencies in ALDH2, the enzyme responsible for AA detoxification, have an increased risk of oral cancer. Additionally, patients with Fanconi Anemia (FA), who have impaired DNA repair, face a much higher oral cancer risk. Studies show a dose-dependent link between ethanol consumption and AA-derived DNA damage in the oral cavity, but not in blood, indicating a unique contribution from oral ethanol metabolism.

Our hypothesis is that AA from oral metabolism drives oral cancer through DNA adduct formation, and the persistence of these adducts increases with cancer risk. Our objective is to analyse ethanol's oral metabolism, DNA damage, and mutational profiles to identify biomarkers for oral cancer risk and early detection. This will be done through three aims: 1) characterize DNA damage profiles in oral cells from participants at different AA-related oral cancer risks, identifying persistent driver adducts, 2) investigate the oral microbiome's role in ethanol metabolism and aldehyde production, and 3) analyse mutational signatures in oral cells exposed to AA and in oral tumour tissues from rats exposed to AA or ethanol, to better understand ethanol-related mutagenesis and identify mutagenic DNA adducts.

Donor:	National Institute of Health – National Institute on Alcohol Abuse and Alcoholism (US)
Duration:	12 months

Funds for IARC:	€108 826.52 (US$ 119 853.00)
Funds for partners:	n/a
Total:	€108 826.52 (US$119 853.00)
Partners:	Ramazzini Institute (IT), University of Minnesota (US)

1.5 Project title: A molecular diary of tobacco forms in early and adult life to map mechanisms **of cancer: waterpipe, cigarette and lung cancer as a cornerstone**

Waterpipe smoking is a tobacco-use method historically prevalent in the Middle East and North Africa and gaining popularity in western countries, while benefiting from its strong social appeal (e.g. chicha cafés), weak regulatory frameworks for this tobacco use, and misconceptions about the cleansing effects of its water system. Epidemiological, clinical or molecular data on waterpipe smoking are very limited. This is probably linked to the fact that (1) in regions where waterpipe prevalence is high and of long-term nature, there is limited research infrastructure (such as in North Africa), and (2) in regions with solid research capacities (such as Europe and North America), waterpipe smoking is relatively new (though on the rise), so long-term follow-up is yet necessary. Moreover, in Western populations, waterpipe smokers tend to also use other types of tobacco forms, which confound exposure assessment and outcomes.

Based on the limited number of studies addressing harmful effects of waterpipe smoking, waterpipe use, like cigarette smoking, is associated with acute and chronic health outcomes, including cardio-respiratory illnesses and cancer. The underlying molecular mechanisms are also not well understood. The effects of cigarette and waterpipe can reach our DNA causing alterations that can be viewed in molecular maps profiled from our genomes. Some of those alterations are of a genetic nature, such as mutations. Others, however, can be epigenetic.

Our epigenome intricately knits the DNA strands into a molecular imprint of nature and nurture – that is what our genes give to us and what our environments give to our genes. This is why the epigenome can capture a molecular snapshot – sort of a diary – of exposures and is centrally involved in disease development. Investigation of genetic and epigenetic markers of waterpipe smoking in association with disease outcomes is, hence, of great interest. The World Health Organization (WHO) has released an advisory note stating that there is “ample justification for vigorous research on the health risks associated with this form of tobacco use” and suggests research needs which specifically include “epigenomic effects”.

Our goal is to map epi-genetic biomarkers of waterpipe and cigarette smoking across critical stages of early and adult life and investigate their implications in cancer development. For this, we have established unique resources encompassing birth, adult and clinical cohorts from the Middle East having high waterpipe smoking prevalence, complemented with state-of-the-art experimental models using bioengineered smoking robots that mimic the smoking operandi in humans. Combining epidemiology, clinical oncology and cutting-edge laboratory science, this study can set up unprecedented molecular diaries of tobacco consumption forms during critical windows of human life and map the molecular mechanisms of tobacco smoking in carcinogenesis. Such a new generation of powerful biomarkers can also be used in targeted therapy and monitoring the efficiency of intervention studies (such as tobacco cessation). As waterpipe is becoming prevalent in several countries but with lack of research data, the findings of this study

can form a basis for other populations and set a cornerstone for the investigation of other forms of tobacco using similar approaches. The public health impact of the findings will be amplified by the engagement of an anti-tobacco association with expertise in liaising with the community, educational systems and policy makers.

Donor:	Institut National du Cancer (FR)
Duration:	48 months
Funds for IARC:	€652 638.00
Funds for partners:	n/a
Total:	€652 638.00
Partners:	Demain sera Non-Fumeur (FR), Institut national de la santé et de la recherche médicale (FR), Sidra Medicne (QA), Univesité Claude Bernard Lyon 1 (FR), American University of Beirut (LB), University of Manchester (UK)

Early Detection, Prevention, and Infections Branch (EPR)

1.6 Project title: **Offering combined HPV vaccination and HPV test-based cervical screening to vulnerable populations. A hybrid efficacy and implementation study**

HPV-FASTER-Implement aims to improve cervical cancer (CC) prevention. Although human papillomavirus (HPV) vaccination and CC screening programmes have significantly reduced mortality, they have reached a plateau because they remain largely inaccessible and underused by vulnerable populations, creating inequalities in the European healthcare system. This adds to the difficulties already faced by vulnerable populations in their efforts to maintain their mental and physical health. HPV-FASTER-Implement will create a Europe-wide knowledge framework on vulnerabilities and the health challenges they pose, as well as the tools to monitor their evolution.

HPV-FASTER-Implement will work with stakeholder representatives, primarily from vulnerable populations, to identify context-specific strategies to deliver combined HPV vaccines and HPV-based CC screening to eligible vulnerable populations, thereby reducing the burden of CC in Europe. HPV-FASTER-Implement will develop health education interventions, communication activities and other services to meet the need of vulnerable population with high risk of CC and inadequate access to health services.

Through stakeholder engagement, health literacy promotion, mathematical modelling, implementation research, and vulnerability mapping, we will collect, analyse and share knowledge on gaps and opportunities to improve CC prevention in Europe, and progress FASTER towards CC elimination. We will work to ensure that the data we produce are translated into policy recommendations aimed at strengthening national prevention programmes with interventions tailored to vulnerable populations. In this way, we can leverage limited resources to rapidly reduce CC mortality. We aim to reduce health inequalities by offering an innovative prevention intervention to women at risk, with the hope that 50% of those offered the intervention will take it. HPV-FASTER-Implement will make the necessary improvements to European CC prevention policies.

Donor:	European Commission – Research and Innovation (BE)
Duration:	60 months
Funds for IARC:	€1 049 550.00
Funds for partners:	€5 552 894.87
Total:	€6 602 444.87
Partners:	Babes-Bolyai University (RO), European institute of women's health (IE), Inserm Transfert SA (FR), Institut Catala d'Oncologia (ES), Institut Claudius Regaud (FR), Institut national de la santé et de la recherche médicale (FR), Karolinska Institute (SE), London School of Hygiene and Tropical Medicine (UK), Regionshospitalet randers (DK), Université Toulouse III Paul Sabatier (FR), University of Medicine and Pharmacy "IULIU HAȚIEGANU" Cluj Napoca (RO), University of Tartu (EE), VEGGA- Associació per a la Innovació Estratègica (ES)

1.7 Project title: **Joint Action on the New European Union (EU) Cancer Screening Scheme Implementation**

EUCanScreen, funded by the EU, aims to ensure sustainable implementation of high-quality screening for breast, cervical, and colorectal cancers, as well as prepare for the implementation of recently recommended screening programmes for lung, prostate, and gastric cancers. The project brings together 29 countries, including 25 EU Member States, Ukraine, the Republic of Moldova, Norway, and Iceland, to achieve the overarching goal of reducing the cancer burden while achieving equity in cancer across Europe.

In order to support EU Member States in Cancer Screening Scheme Implementation on the scope of the New EU Cancer Screening Scheme Implementation, the collaborative initiative between IARC and Department of Health of Ireland (EUCanScreen) has started in 2024. The overall objective of this collaboration is to ensure sustainable implementation of project results in participating countries and to improve sustainable implementation of organized, population-based cancer screening programmes in countries of the European region where such programmes are not yet implemented or are implemented in a way that is not yielding the expected impact; and to improve existing and develop new standards for data sharing and standardization across countries, to improve monitoring and comparison of screening programs, and to enable cross-border research using screening data.

The EPR Branch is leading several initiatives aimed at ensuring the sustainability of cancer screening programmes while also supporting tasks focusing on interval cancers and leadership, among others.

Donor:	Department of Health of Ireland (IE)
Duration:	48 months
Funds for IARC:	€904 000.00
Funds for partners:	n/a
Total:	€904 000.00
Partner:	n/a

1.8 Project title: **Improving cancer screening in Slovenia**

Slovenia lacks a lung cancer screening program and relies on the opportunistic prostate cancer screenings. There's a lack of data on screening participation, quality, diagnostic procedures, treatment efficacy, and the cost-effectiveness of these opportunistic efforts. Such an approach, especially for prostate cancer, raises concerns about an unfavourable benefits-to-harms ratio and inefficient allocation of healthcare resources. Conversely, cervical cancer, which was once a concern among Slovenian women, no longer ranks in the top ten cancers.

This positive change occurred after transitioning from opportunistic screening to a population-based organized screening program ZORA in 2003. ZORA has driven cervical cancer incidence to near-elimination levels, with only four new cases per 100 000 women. However, to sustain this success, Slovenia must pivot from cytology-based screening to HPV-based screening and boost HPV vaccination rates in alignment with Europe's cancer elimination strategy and WHO guidelines. The urgency arises as HPV-vaccinated cohorts are entering the screening program, and HPV testing offers superior benefits-to-harms ratio and cost-effectiveness.

The overarching aim of this project is to bring Slovenia to the forefront of the European nations that offer modern, evidence-based, population-based organized cancer screening to their citizens by providing technical assistance which will enable Slovenia to implement the above-mentioned council recommendations. Realising this goal necessitates additional expertise and resources. This project aligns with the Slovenian Ministry of Health's objectives within the National Cancer Control Program (NCCP) 2022–2026 and is in line with Flagship Initiatives #3 and #4 of the Europe’s Beating Cancer Plan.

Donor:	European Commission – Structural Reform Support (BE)
Duration:	24 months
Funds for IARC:	€550 000.00
Funds for partners:	n/a
Total:	€550 000.00
Partner:	UMC Erasmus (NL)

Evidence Synthesis and Classification Branch (ESC)

1.9 Project title: **Handbook Volume 21 "Lung Cancer Screening"**

In its Global Action Plan for the Prevention and Control of noncommunicable diseases (NCDs) 2013–2020, WHO identified the most important risk factors for premature deaths from NCDs: tobacco use in all forms remains one of the major risk factors for NCDs, including cancer. Worldwide for both sexes, all ages (excl. NMSC), lung cancer ranked 2nd in the estimated number of incident cases and 1st in the estimated number of deaths in 2020.

Cigarette smoking is the number one risk factor for lung cancer, linked to 80%-90% of lung cancer deaths worldwide. Other environmental risk factors include second-hand tobacco smoke, outdoor air pollution, diesel engine exhausts, and indoor air pollution, while a large number of agents encountered as occupational exposure also cause lung cancer. (https://monographs.iarc.who.int/human_cancer_known_causes_and_prevention_organ_site/°). Thus a large proportion of lung cancers is highly preventable. In the last decade, several randomized control trials in high-risk populations have shown that screening for lung cancer may reduce mortality from lung cancer by early detection of the disease.

Donor:	Union for International Cancer Control (CH)
Duration:	28 months
Funds for IARC:	€300 000.00
Funds for partners:	n/a
Total:	€300 000.00
Partner:	n/a

Genomic Epidemiology Branch (GEM)

1.10 Project title: **Integrating Biomarkers into Lung Cancer Risk Profiling**

Lung cancer screening by low-dose computed tomography (LDCT) has revolutionized early detection and improved curative treatment prospects. However, current screening criteria that rely on heavy smoking history exclude individuals who have quit long ago or have never smoked, even as the proportion of cases among these groups is rising. The overall strategy is to enhance lung cancer screening by integrating insights from germline susceptibility with blood-based protein biomarkers. By leveraging large-scale genomic analyses to identify genetic risk factors and employing advanced proteomic profiling to detect protein markers associated with lung cancer, this approach aims to more accurately identify high-risk individuals. Ultimately, this integrated method promises to extend screening eligibility beyond heavy smokers to include never-smokers and those with diverse genetic backgrounds, improving early detection and enabling personalized prevention strategies.

Donor:	National Institutes of Health – National Cancer Institute (US)
Duration:	12 months (total project duration 59 months in principle)[1]
Funds for IARC:	€420 140.37 (US$ 455 190.00)
Funds for partners:	€287 529.27 (US$ 311 516.00)
Total:	€707 669.64 (US$ 766 706.00)
Partner:	American Cancer Society (US), Baylor College of Medicine (US), Brigham and Women's Hospital (US), Cancer Council Victoria (AU), Foundation for Applied Medical Research (ES), Fred Hutchinson Cancer Center (US), Harvard T.H. Chan School of Public Health (US), Imperial College of Science (GB), Johns Hopkins University (US), National Cancer Institute (US), National Taiwan University (TW), NYU Grossman School of Medicine (US), Queen Mary University of London (GB), Sinai Health System (CA), St Elizabeth Medical Center (US), Umea University (SE), University of Hawaii (US), University of Liverpool Cancer Research Centre (GB), University of Pittsburgh (US), University of Toronto (CA), Vanderbilt University Medical Center (US), Washington University in St Louis (US), Wayne State University (US)

1.11 Project title: **The Opioid Cohort Consortium (OPICO) to investigate the effects of using opioids on cancer risk**

Recently, opium consumption was classified as "carcinogenic to humans" by IARC Monographs, which raise concerns about opioid medications that are either derived from opium or synthesized in laboratories to mimic its chemical structure and effects. Current evidence on opioid medications and cancer is primarily from ecologic and registry data linkage studies. Analyses of records from national health insurance or addiction registry programmes across different countries showed increased cancer incidence or mortality amongst opioid medication users.

However, it has been impossible to rigorously evaluate whether using opioid medications is associated with future cancer risk due to paucity of data on opioid use and insufficient statistical power in prospective cohort studies. To overcome the limitations that have hindered reliable studies in humans, we initiated the Opioid Cohort Consortium (OPICO) with pilot funding in 2020.

OPICO brings together large-scale prospective cohort studies that have linked participant data to medication dispensing / prescription records. In this project, we will build on the pilot phase to harmonize and pool data from 10 cohorts in the United States, United Kingdom, France, and Australia, yielding a large-scale data resource with over 1.7 million participants. This resource would allow an accurate assessment of the relationship between opioid medication use at baseline and during follow-up with cancers.

The assessment will include details on the type, strength, duration, and dose of opioid medications used, which might differently affect any potential relationship between using opioid

[1] This is a change of representation in comparison to previous years. This corresponds to the budget committed by the US government agency for that budget period.

medications and cancers. In line with IARC's mission, this project brings together collaborators and resources from around the world to enhance understanding an emerging cancer risk factor.

Donor:	National Institute of Health – National Cancer Institute (US)
Duration:	12 months (total project duration 60 months in principle)[1]
Funds for IARC:	€184 447.94 (US$ 201 803.00)
Funds for partners:	€351 461.34 (US$ 384 531.00)
Total:	€535 909.28 (US$ 586 334.00)
Partners:	American Cancer Society (US), Institut national de la santé et de la recherche médicale (FR), Kaiser Foundation Research Institute (US), University of New South Wales (AU), University of Queensland (US) University of Sydney (AU), Vanderbilt University Medical Center (NL), Wake Forest University (US)

Learning and Capacity-Building Branch (LCB)

1.12 Project title: **Learning and Capacity Building Initiative for Cancer Prevention**

Since September 2020, IARC and ESMO collaborate on learning and capacity-building activities. For three years, ESMO supported the WCR Updates project, which aimed to train IARC and ESMO's target audience on key content of the report as well as on emerging issues in cancer research for cancer prevention. This project covers the fourth and fifth year of collaboration between IARC and ESMO on educational activities. It takes a wider scope, which is reflected by a new project title: IARC-ESMO Learning and Capacity-Building Initiative for Cancer Prevention.

The proposed activities are based on a joint learning needs assessment survey carried out among both IARC and ESMO audiences in 2022. They include live events (webinars) and a variety of self-paced learning resources, as well as a support to the IARC Learning platform, the backbone of any online learning programme. The active participation of ESMO in disseminating information and resources from the project will continue to extend IARC LCB's activities' reach among a population pivotal to cancer prevention, professionals of the oncology sector. ESMO's perspective and suggestions related to project's activities will also help to adapt the messages and resources to this specific audience.

Donor:	European Society for Medical Oncology (CH)
Duration:	18 months
Funds for IARC:	€172 551.00
Funds for partners:	n/a
Total:	€172 551.00
Partner:	n/a

[1] This is a change of representation in comparison to previous years. This corresponds to the budget committed by the US government agency for that budget period.

2. Prior approval for projects in collaboration with the private sector

There are no projects to be considered for prior approval this year.

3. Prior approvals

The Governing Council is invited to consider, for approval, one project submitted over €500 000 per annum.

Please note the following project has been provisionally approved by the Chairperson of the Governing Council.

Environment and lifestyle epidemiology Branch (ENV)

3.1 Project title: **Human Biomonitoring Health Study for Ogoniland**

In 2019, the United Nations Environment Programme (UNEP) reached out to IARC for technical advice on improving public health in Ogoniland, Rivers State, in the southern Nigeria.

A comprehensive environmental health assessment by UNEP in 2011 showed significant exposure to petroleum hydrocarbon in air and drinking water in the Ogoni community from the petroleum industry in the Niger delta and subsequently artisanal oil refining. The UNEP made systematic measurements of environmental exposures leading to extensive remediation activities.

This situation leads very likely to human exposure levels associated with chronic disease including cancer, but no systematic human studies have been conducted to date resulting in that health interventions and disease control are impossible to plan.

The Ogoniland, a kingdom covering close to 1 000 square kilometres in Rivers State is the third largest mangrove ecosystem in the world and has a population of almost 1 million. IARC proposed a 3-year human biomonitoring study following the request by the Nigerian government and UNEP as a first step to inform long-term health monitoring. Its cross-sectional design will provide for better understanding of exposure levels and pathways in different sub-groups of the exposed populations throughout Ogoniland, as well as an assessment of early markers of adverse health effects including general health assessment, quality of life, respiratory function, and blood biomarkers known to be associated with cancer and other chronic disease.

It is planned to enrol 3000-4000 subjects over a two-year period with measurements of exposure and disease biomarkers. The project is led by IARC's Environment and Lifestyle Epidemiology (ENV) Branch under the supervision of Dr Joachim Schüz (ENV branch head) and Dr Ann Olsson (Occupational Cancer Epidemiology team lead and ENV scientist), which has ample experience in epidemiological fieldwork on environmental contaminants. The total budget split over 3 years amounts to US$ 3.247 million (including 13% overhead) and is administered by Nigeria's governmental institution "Hydrocarbon Pollution Remediation Project (HYPREP)". The funding is in its entirety received by IARC and used for ENV and the Epigenomics and Mechanisms (EGM) branch, the costs for the laboratory analyses, and the local fieldwork teams of study nurses and drivers managed by IARC-hired consultants who also work in Ogoniland for UNEP.

Overarching aims of the project are assessment of human exposures, identifying subpopulations of highest exposures, identifying presence of early markers of cancer, and informing a future public health strategy and infrastructure for the people living in this highly contaminated area.

Donor: Federal Ministry of Environment of Nigeria (NG)
Duration: 36 months
Total budget: US$ 3 247 055.00
Funds for partners: n/a
Total: US$ 3 247 055.00
Partner: n/a

4. Interest income from grants

In accordance with the standing authorization provided to the Director under resolution GC/55/R23 and the conditions set forth in the signed agreement, interest income amounting to €18 775.18 was apportioned to the below grant in 2024.

Grant No.	Project	Donor	Interest (in euros)
101240	Improving Cancer Screening, Surveillance and Communication in the Gulf Region - a collaboration between IARC and the Gulf CDC	Gulf Center for Disease Prevention and Control (SA)	**18 775.18**