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DIRECTOR'S REPORT

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ACRONYMS AND ABBREVIATIONS

AI	Artificial Intelligence
ABC-DO	African Breast Cancer-Disparities in Outcomes
BMI	Body Mass Index
BMS	WHO Business Management System
BOS	Building Operating System
CCEI	Cervical Cancer Elimination Initiative
ECVS	Early Career and Visiting Scientists
EDAG	IARC Equity and Diversity Advisory Group
ERP	Enterprise Resource Planning
FENSA	Framework of Engagement with Non-State Actors
GAC	WHO Global Advisory Committee on formal complaints of abusive conduct
GACD	Global Alliance for Chronic Diseases
GCO	Global Cancer Observatory
GICR	Global Initiative for Cancer Registry Development
GBCI	Global Breast Cancer Initiative
HNWI	High Net-Worth Individuals
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
GCC	Gulf Cooperation Council
IAC	The International Academy of Cytology
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
Impact	Programme of Action for Cancer Therapy
KPIs	Key Performance Indicators
LMICs	Low- and middle-income countries
LXP	Learning Experience System
MoU	Memorandum of Understanding
MTS	Medium-Term Strategy
NCC	National Cancer Centre
NCCP	National Cancer Control Plan
NCDs	Noncommunicable Diseases
NSAs	Non-State Actors
ODA	Official Development Assistance
OECD	Organisation of Economic and Co-operation and Development
SAC	Staff Association Committee
SOP	Standard Operating Procedure
TAD	Tobacco and Arms Disclosure
UICC	Union for International Cancer Control
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

The Director's Report provides a comprehensive overview of the research endeavours, collaborative efforts, partnerships, strategic engagements, and managerial initiatives undertaken since the previous Governing Council session in May 2024. This report encompasses:

Scientific highlights

The Director's Report begins with scientific highlights, followed by information about IARC publications and capacity building. Additional Key Performance Indicators (KPIs) are shown for 2024.

Highlights of IARC's research are reported across the four Pillars: i) data for action, ii) understanding the causes, iii) from understanding to prevention, and iv) knowledge mobilization (WHO Classification of Tumours, *IARC Monographs* Programme, *IARC Handbooks of Cancer Prevention*).

Cooperation, Partnerships and Strategic Engagement

The strengthened collaboration between IARC and the World Health Organization (WHO) is highlighted, demonstrated by recent IARC research supporting WHO global initiatives. Key high-level partnerships and strategic engagements are outlined, along with actions taken to accelerate resource mobilization efforts. Grants and contracts secured over the past year are reported. The chapter concludes with an update on IARC's engagement under the Framework of Engagement with Non-State Actors (FENSA).

Management

The evaluation of IARC's Medium-Term Strategy (MTS) 2021–2025 and the development of the MTS 2026–2030 are briefly outlined. An administrative transformation roadmap is being implemented to support the implementation of the MTS, including enhanced data protection measures. Updates on IARC personnel from the past year are provided, along with an overview of IARC's Advisory Groups and Learning Programmes.

1. INTRODUCTION

1. The year 2024 marked a period of remarkable scientific progress and global engagement for IARC. Through its core research pillars—Data for Action, Understanding the Causes, From Understanding to Prevention, and Knowledge Mobilization—the Agency has expanded its research footprint and strengthened international collaborations, contributing to cancer prevention and control strategies worldwide.

2. During the 66th session of the Governing Council, held in May 2024, IARC welcomed the Kingdom of Saudi Arabia and Egypt as the 28th and 29th Participating States, respectively. These new additions underscore the growing recognition of IARC's pivotal role in global cancer prevention efforts and set the stage for strengthened collaborations aimed at further enhancing cancer control capacities in the Middle East.

3. IARC's presence at major international events, including the Seventy-seventh World Health Assembly (WHA) in June 2024 and the World Cancer Congress (WCC) in September 2024, provided strategic platforms to showcase the Agency's research and engage policymakers, public health experts, and key stakeholders in cancer prevention efforts.

4. IARC's scientific achievements in 2024 were diverse and impactful. Cancer Incidence in Five Continents CI5-XII presents high-quality standardized cancer data from 460 registries in 65 countries for 2013—2017. A striking analysis projects 3.2 million new breast cancer cases and 1.1 million deaths annually by 2050, with a disproportionate impact on low Human Development Index (HDI) countries. The global rise in lung adenocarcinoma, particularly among younger women, is largely driven by PM pollution in East Asia. A bold measure—banning tobacco sales to those born between 2006 and 2010—could prevent 1.2 million lung cancer deaths by 2095.

5. Major strides were also made in understanding cancer causes. Large-scale genomic studies on colorectal cancer identified key mutational patterns, particularly linking Escherichia coli colibactin exposure to early-onset cases, while renal cancer research provided critical insights into environmental exposures such as aristolochic acid in Eastern Europe and Southeast Asia. Meanwhile, new evidence show that ultra-processed food consumption is tied to higher mortality rates from various diseases—independent of alcohol intake. Encouraging a shift toward less processed foods in dietary guidelines could offer major health benefits.

6. In the area of cancer prevention, IARC confirmed that a single-dose of HPV vaccine offers long-lasting protection, bolstering the global push for cost-effective immunization strategies. Several lung cancer risk prediction models showed good performance in European countries, paving the way for personalized prevention approaches. Technological innovations included an Artificial Intelligence (AI)-driven cervical cancer screening tool, proving highly accurate and promising for use in low-resource settings. Furthermore, IARC played a pivotal role in shaping European guidelines for gastric cancer prevention, emphasizing Helicobacter pylori screening and treatment strategies.

7. Knowledge dissemination remained at the forefront of IARC's mission, with the *IARC Monographs* Programme continuing to provide essential evaluations of carcinogenic agents. Notable 2024 classifications included acrylonitrile, hydrochlorothiazide, tacrolimus, and voriconazole as Group 1 carcinogens, and talc as Group 2A. Capacity-building efforts were further strengthened through

IARC's collaboration with the WHO Academy to develop an innovative Learning Experience Platform (LXP), broadening the reach of educational programs worldwide.

8. Looking ahead, the recently concluded Medium-Term Strategy (MTS) 2021—2025 evaluation reaffirmed IARC's strong scientific and operational performance, as well as its impactful research worldwide, paving the way for the development of the MTS 2026—2030 in 2025. This new strategy will focus on consolidating and enhancing IARC's global research impact, driving 2030 outcome- oriented results to further advance cancer prevention and control efforts.

9. IARC has continued to provide strong support to the WHO Global Initiatives through a series of pivotal studies and collaborations. These contributions align with the WHO's goals for cervical cancer elimination and breast cancer control. IARC directly further supports the WHO Cervical Cancer Elimination Initiative's focus by providing crucial support in evaluating and promoting cost-effective cervical cancer prevention strategies. IARC's analysis of KPIs for the WHO Global Breast Cancer Initiative (GBCI) in Africa has provided valuable data for measuring progress in breast cancer control. This study demonstrates the feasibility of tracking the GBCI's success in hospital settings, directly supporting the WHO's strategic framework for breast cancer prevention and care.

10. Despite these remarkable achievements and promising perspectives, IARC faces pressing challenges that could substantially impact its future operations. The intended withdrawal of the United States of America (USA) from WHO poses a significant risk for IARC, as the USA has been a cornerstone of IARC's governance and scientific excellence since its founding in 1965. Contributions from institutions such as the United States National Cancer Institute (NCI) have played a pivotal role in supporting IARC flagship Programmes such as the *IARC Monographs* Programme, which provides critical evidence for cancer hazard identification. This longstanding partnership highlights the immense potential for continued and even enhanced collaboration between the USA and IARC at a crucial juncture in the global cancer research agenda.

11. Cancer knows no borders, and addressing the rising global cancer burden requires sustained collaboration. As we prepare for the Governing Council meeting in May 2025 and celebrate IARC's 60 years of achievements and continuous progress in cancer prevention, I remain optimistic that through constructive dialogue, we can preserve and strengthen our invaluable partnerships. Together, we can ensure that our collective commitment to cancer prevention continues to benefit millions of people worldwide.

12. In February 2025, the Scientific Council stressed that the global scale of IARC's research activities provides a truly unparalleled example of cancer research informing policies and practice related to cancer worldwide, and that continued progress against cancer globally depends on stronger financial support from Participating States. As an international public health organization, IARC is uniquely positioned and plays a critical role in supporting national and international efforts to reduce the global cancer burden, and is a vital resource for governments, researchers, trainees, and health professionals around the world.

13. I look forward to engaging discussions with all Participating States during the upcoming Governing Council meeting in May 2025.

2. SCIENTIFIC HIGHLIGHTS[1]

The scientific achievements since the last Governing Council session are organized according to the four IARC Pillars reflecting IARC's fundamental activities outlined in the Medium-Term Strategy (MTS) *(Document GC/63/6A).*

2.1 Pillar I. Data for action

14. A new analysis led by IARC and collaborators evaluates the **latest and future global burden of female breast cancer**, including an in-depth assessment of approximately 50 countries with high-quality population-level cancer data. The study reveals that on average, 1 in 20 women worldwide will be diagnosed with breast cancer in their lifetime. If current rates continue, by 2050 there will be 3.2 million new breast cancer cases and 1.1 million breast cancer-related deaths per year, and the growth will disproportionately impact countries with a low Human Development Index (HDI) (https://doi.org/10.1038/s41591-025-03502-3).

➔ "Every minute, four women are diagnosed with breast cancer worldwide and one woman dies from the disease, and these statistics are worsening." "All stakeholders, particularly governments, can mitigate or reverse these trends by adopting primary prevention policies, such as WHO's recommended 'best buys' for noncommunicable disease prevention, and by investing in early detection and treatment, supported by the WHO Global Breast Cancer Initiative, to save millions of lives in the coming decades." (IARC scientist, Dr Joanne Kim).

15. IARC scientists have analyzed **global variations in lung cancer incidence** in 2022, focusing on trends overtime by histological subtype. The study shows that lung adenocarcinoma has become the predominant subtype in recent years, with increasing risks observed among younger generations, particularly females, in most countries assessed. Additionally, the study highlights that East Asia, particularly China, bears the highest burden of lung adenocarcinoma linked to ambient particulate matter (PM) pollution (https://doi.org/10.1016/S2213-2600(24)00428-4).

➔ "The results provide important insights as to how both the disease and the underlying risk factors are evolving, offering clues as to how we can optimally prevent lung cancer worldwide." (Dr Freddie Bray, Branch Head CSU)

16. IARC shows that **prohibiting the sale of tobacco to people born between 2006 and 2010 could prevent 1.2 million lung cancer deaths by 2095**. This modelling study, including 185 countries, is one of the first to evaluate the impact of eliminating tobacco (https://doi.org/10.1016/S2468-2667(24)00185-3). This new strategy, known as the tobacco-free generation initiative, is part of broader tobacco elimination efforts aimed at drastically reducing smoking rates by phasing out tobacco sales based on birth dates, ultimately preventing smoking among younger generations. Tobacco-free generation initiatives, which are increasingly being explored as part of tobacco endgame strategies, have been implemented in some countries, such as New Zealand, and in various parts of Australia and the USA.

[1] Please refer to the IARC Organizational Structure in Figure 8 for list of acronyms.

➔ "These results are encouraging because they further strengthen the evidence that adopting tobacco endgame strategies beyond the WHO Framework Convention on Tobacco Control (FCTC) could significantly reduce deaths from lung cancer in young generation." (Dr Isabelle Soerjomataram, Deputy Branch Head, CSU)

17. IARC scientists and partners have evaluated the **global burden of oral cancer linked to smokeless tobacco and areca nut use** (https://doi.org/10.1016/S1470-2045(24)00458-3). In 2022, more than 120 000 cases of oral cancer were caused by these risk factors, accounting for one third of oral cancer cases globally. The analysis highlights that nearly 9 in 10 (88%) of all oral cancer cases caused by smokeless tobacco and areca nut use occurred in South-Central Asia and more than 95% (96.4%) occurred in low- and middle-income countries.

18. In a recent policy review, IARC scientists, public health experts, and the World Health Organization (WHO) Regional Office for the Eastern Mediterranean provide an overview of the **current cancer profile in the Eastern Mediterranean region**, both as a whole and for individual countries. The review also highlights joint activities undertaken by IARC and the Regional Office for the Eastern Mediterranean over the past decade to strengthen cancer surveillance capacity. It discusses progress made so far, ongoing challenges, and future strategies, considering both the specific cancer patterns and the evolving capacity for cancer control in the region, where the cancer burden is growing rapidly (https://doi.org/10.1016/S1470-2045(24)00624-7).

19. A study led by IARC scientists and the King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia, in collaboration with researchers from cancer registries in the six Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates) presents **national cancer incidence and mortality patterns in the six GCC countries** in 2020 alongside future cancer projections up until 2040. The study predicts a significant increase in both incidence of and mortality from cancer in the GCC countries over the coming decades (https://doi.org/10.1002/cam4.70141). This provides an evidence base for local policy-makers seeking to develop cancer control interventions in each country.

20. IARC scientists, in collaboration with researchers from China and Italy, have reported that **overdiagnosis accounts for a significant proportion of new thyroid cancer cases**, highlighting that overdiagnosis has become a major global concern (https://doi.org/10.1016/S2213-8587(24)00223-7). Overall, more than 1.7 million people may have been overdiagnosed with thyroid cancer in 2013–2017 in 63 countries. The authors argue that this emerging global public health challenge requires urgent action.

21. A study led by IARC scientists in collaboration with researchers at Sun Yat-sen University Cancer Center (China), Aviano National Cancer Institute (Italy), the Cancer Registry of Norway (Norway), and Tampere University (Finland) suggests that **significant overdiagnosis of prostate cancer in Europe** is due to the highly variable patterns of opportunistic testing with a blood test that measures the amount of **prostate-specific antigen** (PSA) (https://doi.org/10.1136/bmj-2023-077738). The study suggests that caution should be used when implementing prostate cancer screening programme.

Cancer Incidence in Five Continents, Volume XII (CI5-XII) is available in PDF format (https://publications.iarc.who.int/641). The CI5 series presents comparable data on cancer incidence

for all countries around the world for which high-quality data have been made available by population-based cancer registries. CI5-XII has a wider coverage than any previous volume, presenting high-quality standardized data for cancers diagnosed during the period 2013–2017 from **460 cancer registries in 65 countries**.

2.2 Pillar II. Understanding the causes

22. A recent study from the **Mutographs project on renal cancer** indicates that the somatic mutation profiles differed between countries. In Romania, Serbia and Thailand, mutational signatures characteristic of aristolochic acid compounds were present in most cases, but these were rare elsewhere. In Japan, a mutational signature of unknown cause was found in more than 70% of cases but in less than 2% elsewhere. A further mutational signature of unknown cause was ubiquitous but exhibited higher mutation loads in countries with higher incidence rates of kidney cancer. (https://login.research4life.org/tacsgr1doi_org/10.1038/s41586-024-07368-2). The results of this study indicate the existence of **multiple, geographically variable, mutagenic exposures that potentially affect tens of millions of people** and illustrate the opportunities for new insights into cancer causation through large-scale global cancer genomics.

23. The latest Mutographs study on colorectal cancer reveals geographic and age-related variations in colorectal cancer mutational processes and suggests that **early-life mutagenic exposure to colibactin-producing bacteria may contribute to the rising incidence of early-onset colorectal cancer** (*accepted for publication in Nature, 2025*).

24. IARC scientists, in collaboration with partner institutions, have provided new evidence supporting the WHO guidelines on waist circumference and physical activity. This study is the first of its kind to explore the relationship between waist circumference, physical activity, and cancer ris*k (https://doi.org/10.1136/bjsports-2024-108708)*.

25. IARC scientists, in collaboration with researchers from the Girona Biomedical Research Institute (IDIBGI) in Girona, Spain, have found that environmental predictors, such as education level, smoking status, physical activity, and consumption of meat and meat products, could be used to stratify the risk of adiposity gain in both middle-aged men and middle-aged women *(https://doi.org/10.1016/j.ebiom.2024.105510)*. This study suggests that environmental predictors can identify European individuals at higher risk of adiposity gain in midlife. Genetic predisposition to adiposity may play a robust role in predicting adiposity gain in early adulthood rather than mid-late adulthood.

26. IARC scientists have found that individuals classified as **metabolically unhealthy** overweight or obese have a higher risk of postmenopausal breast cancer, colorectal cancer, pancreatic cancer, endometrial cancer, gallbladder cancer, stomach cancer, bladder cancer, liver cancer, kidney cancer, and thyroid cancer compared with metabolically healthy normal-weight individuals (https://doi.org/10.1038/s41416-024-02857-7). These findings highlight the importance of combining measures of adiposity with indicators of metabolic dysfunction to identify individuals at higher risk of cancer, in addition to the existing screening practices.

27. Based on the prospective Korean Genome and Epidemiology Study-Health Examinee (KoGES-HEXA) cohort study, IARC scientists, in collaboration with researchers from the Seoul National University College of Medicine (Republic of Korea), discovered that higher circulating bilirubin levels are inversely associated with colorectal cancer risk among adults in the Republic of Korea (https://doi.org/10.1038/s41416-024-02847-9). These results support further studies on repurposing bilirubin as a low-cost biomarker for colorectal cancer risk stratification.

28. IARC scientists and partner institutions have found that consumption of ultra-processed food was positively associated with all-cause mortality, mortality from circulatory diseases, cerebrovascular disease, ischaemic heart disease, digestive diseases, and – an outcome that had not previously been assessed – Parkinson disease *(https://doi.org/10.1016/j.lanepe.2024.101208)*. Crucially, the associations persisted even independent of alcohol consumption. The results add to the growing evidence that encouraging the consumption of unprocessed or minimally processed foods, while discouraging highly processed foods in dietary recommendations, may promote better health.

2.3 Pillar III. From understanding to prevention

IARC scientific achievements listed below provided key indicators to support the implementation of the **WHO Cervical Cancer Elimination Initiative**, addressing key gaps in the understanding of best practices for cervical cancer control in resource-limited settings:

29. Based on the 12-year observational follow-up of the IARC cohort in India, IARC scientists demonstrated that a single dose of the quadrivalent vaccine provides protection against persistent infection with HPV types 16 and 18 — the strains responsible for nearly 80% of cervical cancers in LMICs — that is as effective as two or three doses, even 15 years after the initial vaccination (https://doi.org/10.1093/jncimonographs/lgae042). The sustained protection observed, combined with cost savings from lower HPV positivity rates and reduced need for colposcopy and treatment, **highlights the potential for a single-dose strategy to significantly expand access to HPV vaccination programmes worldwide**.

30. IARC scientists examined the impact of a single-dose HPV vaccination strategy combined with targeted reallocation of health-care resources. They estimated that shifting to a single-dose strategy in India, Brazil, and Rwanda – countries with various cervical cancer risks and vaccination timelines – would save approximately US$ 435 million, US$ 156 million, and US$ 12 million, respectively, over 10 years (https://doi.org/10.1093/jncimonographs/lgae035).

31. A new systematic analysis by IARC scientists sheds light on the **global impact of different human papillomavirus (HPV) genotypes in causing cervical cancer** (https://doi.org/10.1016/S0140-6736(24)01097-3). In the analysis, 17 HPV genotypes were judged to be causal to invasive cervical cancer, but with huge differences in their carcinogenic strength. HPV types 16 and 18 caused approximately three quarters of cervical cancer cases across all global regions. HPV types 31, 33, 45, 52, and 58 contributed an additional 15–20% of cases. The remaining 10 causal genotypes caused only about 5% of cases worldwide, with some notable regional variations, including a higher proportion (~4%) for HPV 35 in Africa than in other regions.

➔ "This study marks the most comprehensive attempt to date to estimate the proportion of invasive cervical cancer caused by different HPV genotypes globally, regionally, and nationally. Efficient and equitable cervical cancer prevention could be attained by focusing on at least the major eight HPV types in vaccines and diagnostics, especially in the resource-limited regions where the burden is highest" (Dr Gary Clifford, Deputy Branch Head of the Early Detection, Prevention, and Infections at IARC).

32. IARC and partner institutions have completed the first large-scale evaluation in Latin America of the impact of knowledge of HPV positivity on the performance of cervical cytology (https://doi.org/10.1093/jnci/djae283). Although there was an increase in the sensitivity of cytology when considering HPV positivity, this improvement was limited and varied across study centres, which reinforces the urgent need for alternative triage strategies to support progress toward global cervical cancer elimination goals in the region.

33. Although the HPV detection test is rapidly becoming the screening test of choice globally, an ideal triage test for HPV-positive women is lacking. IARC scientists, in collaboration with engineers from NSV Incorporated (USA), have developed a revolutionary **new AI tool that can accurately detect cervical precancers and cancers** in images of the cervix taken during appointments for cervical cancer screening. This innovative system will contribute to greater equity in global health because it has been designed specifically for use in low-resource settings, in contrast to many other AI and digital health solutions

34. IARC and partner institutions in India reported the results of a randomized controlled trial that demonstrates that a HPV screen, triage, and treat strategy is as effective as an HPV screen and treat strategy to clear HPV infection in women living with HIV *(*https://www.nature.com/articles/s41467-025-56926-3*)*.

35. IARC and partners have shown that a new portable, low-cost, battery-powered device – a thermal ablator co-developed by IARC researchers and a team of engineers – is as effective and as safe in treating cervical precancers as current standard-of-care methods (https://doi.org/10.1038/s41591-024-03080-w).

➔ "This study provides the evidence that was previously missing and will advance the WHO Cervical Cancer Elimination Initiative". "These new results help fill an important gap in the current understanding of best practices to treat cervical precancers." (Dr Partha Basu, Head of the Early Detection, Prevention, and Infections Branch at IARC).

36. A randomized controlled trial led by IARC scientists has been chosen among a list of 11 clinical trials that will shape medicine in 2025 (https://doi.org/10.1038/s41591-024-03383-y). The selected IARC project is a trial of a web-based tool aimed at encouraging women, particularly those with lower education levels and from disadvantaged areas, to participate in screening programmes for cervical cancer using at-home self-sampling tests for human papillomavirus (HPV).

IARC scientific highlights listed below provided key indicators to support the implementation of the **WHO Global Breast Cancer Initiative:**

37. IARC scientists and partner institutions in Africa have analysed the feasibility and challenges of measuring the KPIs of the three pillars of the WHO Global Breast Cancer Initiative (GBCI) *(https://www.sciencedirect.com/science/article/pii/S2589537025000367?via%3Dihub)*. The study was conducted within the African Breast Cancer – Disparities in Outcomes (ABC-DO) cohort study, a hospital-based prospective cohort of women who had been newly diagnosed with breast cancer. This study demonstrates the feasibility of tracking the GBCI's success in hospital settings, directly supporting the WHO's strategic framework for breast cancer prevention and care.

38. IARC and partner institutions have completed a study of survival outcomes of almost 2000 women with breast cancer according to their therapeutic management in Morocco. Most of the patients (53%) were classified as appropriately managed, and they had better disease-free survival rates than the patients who were not appropriately managed (https://doi.org/10.1186/s12885-024-12570-6).

Other studies conducted in the field of cancer prevention are listed below:

39. Based on a major update of the International Nuclear Workers Study (INWORKS), which followed up 309 932 workers in the nuclear industry for an average of nearly 35 years, IARC scientists and partner institutions in France, Spain, the United Kingdom, and the USA, have reported a positive association between long-term low-dose exposure to ionizing radiation and mortality due to haematological malignancies (https://doi.org/10.1016/S2352-3026(24)00240-0). These results can inform radiation protection standards and will provide input for discussions on the radiation protection system.

40. IARC scientists, in collaboration with partner institutions, have identified epigenetic markers in blood at birth that are linked to later development of acute lymphoblastic leukaemia, the most common cancer type that affects children (https://doi.org/10.1186/s12943-024-02118-4). This research offers new hope for early diagnosis and potential therapeutic interventions in childhood cancer, which is the leading cause of death among diseases in children.

41. Multicancer early detection tests are emerging technologies that aim to identify cancer earlier via a blood test. A commentary article from IARC considers arguments for and against the use of these tests *(https://doi.org/10.1056/NEJMp2400297)*. The commentary discusses the shift that has occurred when evaluating the efficacy of these tests, away from demonstrating that they reduce cancer mortality and towards other end-points, such as reducing the rate of late-stage cancers.

42. IARC has evaluated the performance of several risk prediction models that predict lung cancer incidence or mortality in prospective European cohorts (https://login.research4life.org/tacsgr1doi_org/10.1016/s2589-7500(24)00123-7). Several lung cancer risk prediction models showed good performance in European countries and might improve the efficiency of lung cancer screening if used in place of categorical eligibility criteria.

2.4 Pillar IV. Knowledge mobilization

43. The WHO Reporting System for Lymph Node, Spleen, and Thymus Cytopathology, 1st edition, volume 3, is available in print format (https://publications.iarc.who.int/644). This is a joint project of the International Academy of Cytology (IAC) and IARC.

44. WHO Classification of Tumours: Endocrine and Neuroendocrine Tumours is available in print format. Endocrine and Neuroendocrine Tumours is Volume 10 in the 5th edition of the WHO series on the classification of human tumours. This series (also known as the WHO Blue Books) is regarded as the gold standard for the diagnosis of tumours and comprises a unique synthesis of histopathological diagnosis with digital and molecular pathology.

45. WHO Classification of Tumours: Haematolymphoid Tumours is available in print format (https://publications.iarc.who.int/637). Haematolymphoid Tumours is Volume 11 in the 5th edition of the WHO series on the classification of human tumours.

46. The report of the results of the meeting of the Advisory Group to Recommend Priorities for the *IARC Monographs* during 2025–2029 is available online (https://monographs.iarc.who.int/wp-content/uploads/2024/11/AGP_Report_2025-2029.pdf). The Advisory Group considered more than 200 nominated agents, including infectious agents, biotoxins, complex exposures, particles and fibres, metals, pharmaceuticals, physical agents, and a wide variety of chemicals. For each agent, the Advisory Group considered the evidence regarding human exposure, cancer in humans, cancer in experimental animals, and carcinogen mechanisms, according to methods described in the Preamble to the *IARC Monographs*. Priority was determined according to the strength of evidence for human exposure and whether the available carcinogenicity data could support a new or updated evaluation.

47. **Volume 133** of the *IARC Monographs,* Anthracene, 2-bromopropane, butyl methacrylate, and dimethyl hydrogen phosphite, is available online (https://publications.iarc.who.int/631).

48. **Volume 134** of the *IARC Monographs,* Aspartame, methyleugenol, and isoeugenol, is available online (https://publications.iarc.who.int/627). This volume comprises three monographs: aspartame, methyleugenol, and isoeugenol.

49. **Volume 135** of the *IARC Monographs* is available online (https://publications.iarc.who.int/636). This volume comprises a single monograph covering both perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS).

50. **IARC Monographs volume 136 (11-18 June 2024)**. The Working Group classified **acrylonitrile as *carcinogenic to humans* (Group 1)** on the basis of sufficient evidence for cancer in humans for lung cancer. There was also limited evidence in humans for bladder cancer. The evidence was mainly from studies in workers producing or using acrylonitrile. In addition, there was sufficient evidence for cancer in experimental animals and strong mechanistic evidence of key characteristics of carcinogens in experimental systems. classified **talc as *probably carcinogenic to humans* (Group 2A)** on the basis of a combination of limited evidence for cancer in humans (for ovarian cancer), sufficient evidence for cancer in experimental animals, and strong mechanistic evidence that talc exhibits key characteristics of carcinogens in human primary cells and experimental systems (https://doi.org/10.1016/S1470-2045(24)00384-X).

51. **IARC Monographs volume 137 (5–12 November 2024).** The Working Group evaluated **hydrochlorothiazide, voriconazole, and tacrolimus as *carcinogenic to humans* (Group 1)** on the basis of *sufficient* evidence for cancer in humans for each agent. For tacrolimus, a Group 1 evaluation was also reached on the basis of *sufficient* evidence for cancer in experimental animals and *strong* mechanistic evidence in exposed humans (https://doi.org/10.1016/S1470-2045(24)00685-5). Results will be described in detail in **Volume 137** of the *IARC Monographs*, to be published in 2025.

52. A new IARC Scientific Publication summarizes practical methods that can be used to assess the potential impact of confounding, information bias, or selection bias on the results of an epidemiological study (https://publications.iarc.who.int/634). The publication presents these methods in a way that is accessible to epidemiologists and other research workers who do not have extensive statistical training, as well as to statisticians who do not have extensive epidemiological training.

53. The *IARC Handbooks of Cancer Prevention* Programme, in collaboration with partners from the University of Campinas (Brazil) and Newcastle University (United Kingdom), have developed evidence and gap maps of the available evidence on primary and secondary interventions for oral cancer prevention. The new evidence and gap maps clarify the situation and visually present the current research landscape. The maps were developed as a supplemental project to *IARC Handbooks* Volume 19 on Oral Cancer Prevention and are based on the comprehensive reviews performed for that volume (https://handbooks.iarc.who.int/evidence-and-gap-maps/).

54. Volume 20A: Reduction or Cessation of Alcoholic Beverage Consumption of the IARC *Handbooks of Cancer Prevention* series is available online (https://publications.iarc.who.int/638).

2.5 IARC Initiative for Resilience in Cancer Control (IARC-IRCC)

55. The IARC-IRCC (formerly, the IARC-C19 or the COVID-19 and Cancer Initiative) was launched in 2020 through a request from the Cancer Surveillance Branch (CSU) to the Governing Council and Scientific Council to support IARC in investigating the impact of the COVID-19 pandemic on cancer services, including health system disruptions and mitigation strategies. To capture crises at larger sense, the activities planned within the IARC-C19 have been expanded to include natural and human-made disasters.

56. An update on the research activities of the IARC-IRCC is provided in Document GC/67/12.

2.6 Report on Key Performance Indicators (KPIs)

2.6.1 Publications

57. A broader range of KPIs began to be reported in 2020. In addition to the productivity (number of IARC articles in a given year), the current KPIs highlight the influence of IARC research (h-index), international collaboration, and visibility. These KPIs form the baseline for comparison going forward, and the evolution of these KPIs were monitored during the period of the MTS 2021–2025.

58. **Productivity**. In 2024, IARC scientists published a total of **327 articles** in 166 journals, of which 267 (82%) were peer-reviewed papers*. The total number of articles and the proportion of peer-reviewed papers were quite similar to recent years (see **Table 1**). Out of 327 papers, 85 (26%) were led by IARC.

**Records were retrieved via the Web of Science database, specifically from Science Citation Index and Emerging Sources Citation Index. Records were restricted to 2024 as the final publication year and records marked "Meeting Abstract" were removed prior to analysis.*

59. **Influence of research: citation index (h-index)**. **Table 2** shows an **h-index of 16** for IARC's 2024 output, meaning that 16 articles have been cited at least 16 times each, with an average citation count of 18.08 per article. The top 10 most cited articles published in 2024 are listed in **Table 3**. Comparative data for the previous five years is also shown. The h-index for articles from 2019 to 2024 inclusive is 104, with an average citation rate of 75.6 per article.

60. **Open Science.** For the 2024 period, 231 out of 327 publications (71%) were Open Access (Gold or Hybrid), which is higher than the 60% recorded over the five-year period (2020–2024), representing 1233 publications.

61. **International collaboration**. Analysing the proportion of IARC's publications whose co-author affiliations include addresses in more than one country. Of the 327 total papers for 2024, 311 (95%) involved international collaboration, including a co-author affiliation from at least one other country. This percentage is in line with that of the last five years overall, 2020–2024, in which 1956 (95%) of 2061 total articles involved at least one other country affiliation. **Tables 4 and 5** present IARC's top 10 collaboration partners, highlighting the leading countries and institutions co-authoring research with the Agency.

62. **Visibility**. The Altmetric database tracks mentions of IARC research output across news outlets, social media, policy documents, and other non-traditional citation sources. It serves as a valuable complement to traditional citation tracking from sources like Web of Science and other scholarly databases. **Figure 1** provides an overview of IARC's Altmetric profile for 2024, while **Table 6** lists the 25 highest-scoring articles published that year.

63. During this period, 347 IARC research outputs were referenced across various media channels, generating a total of 17 832 mentions. Of these, 14 288 appeared on social media (primarily X), while 3394 were cited in news articles and blogs. Notably, IARC's media presence grew significantly in 2024, with an increase in mentions compared to 2023 (14 041 mentions for 364 research outputs).

64. Geographically, **IARC's research was referenced in 75 countries through press mentions, including 42 LMICs**. The Agency's strongest media presence was in the USA, United Kingdom, France, Germany, and Australia. On social media, IARC research was cited in 160 countries, with Japan, the USA, Spain, the United Kingdom, and Mexico leading in mentions.

65. **Table 7** reported the number of visitors to the IARC websites in 2024. Among IARC research project websites, the Global Cancer Observatory (GCO) received the highest number of total visits in 2024.

66. **Figure 2** reported the number of visits to the IARC websites throughout 2024.

- The peak of 4831 visitors (on 20 February 2024) is after the publication of the news item "New training course opportunity: Statistical Practice in Epidemiology using R"
- The peak of 4212 visitors (on 23 April 2024) is due to a large number of visits to the "main IARC website homepage" and the "Cancer Topics - Skin cancer" webpage
- The peak of 3845 visitors (on 6 November 2024) is after the publication of the news item "IARC Summer School 2025: Call for applications is now open" and is due to a large number of visits to "Q&A on the carcinogenicity of the consumption of red meat and processed meat"

67. **Figure 3** reported the number of visits to the Monographs website in 2024.

- *The peaks of 2351, 4115, and 2572 visitors on 2 April 2024, 20 May 2024, and 11 July 2024, respectively, are due to a large number of visits to the following webpages: https://monographs.iarc.who.int/list-of-classifications and https://monographs.iarc.who.int/agents-classified-by-the-iarc/*

68. **Figure 4** reported the number of visitors to the GCO website in 2024. The peak of 5794 visitors (on 4 April 2024) is after the publication of the news item "New report on global cancer burden in 2022 by world region and human development level".

69. The most popular downloads from the IARC Publications website are presented in **Table 8**.

2.6.2 Capacity building

70. In 2024, IARC hosted a total of **222 Early Career and Visiting Scientists** (ECVS) through its Research Training and Fellowship Programme, out of which 85 were new onboardings. Five ECVS became IARC staff members in 2024. ECVSs were from 62 countries. **Nearly half of ECVS are from LMICs and over 70% are from IARC Participating States** (23 out of 29 IARC Participating States represented).

71. The call for applications for IARC Postdoctoral Fellowships tenable in 2026–2027, targeting early career scientists from LMICs, was postponed until March 2025, until the results of the application for the EU HORIZON-MSCA-COFUND-2024 would be known (as modifying eligibility criteria), whose outcome was finally negative. Re-application is being considered. Awarded fellowships from previous years are reported in **Table 9**.

72. In view of the budget situation, with less available Fellowships on the regular budget than in previous years (six instead of seven for 2024–2025, five planned instead of six for 2026–2027), efforts to identify additional sources of fund were intensified. Successful negotiations with the Mark Foundation for Cancer Research allowed to renew its commitment to the Programme, with one Postdoctoral Fellowships supported for that call. A new partnership with the Instituto de Salud Carlos

III in Spain was concluded to allow IARC to include in the call two dedicated Postdoctoral Fellowships targeting early career scientists from Spain, with a 2-year return grant in the country. The project may be set up during the next biennium.

73. In addition, a partnership was initiated with Wallonie-Bruxelles International in 2024. This led to the allocation, through their 2025 call for outgoing international mobility, of two Postdoctoral Fellowships at IARC (two years each). These target early career scientists from Wallonie's universities (Belgium or of different nationality).

74. One IARC return grant was awarded to a former IARC Postdoctoral Fellow from LMIC, to initiate a project in her country of origin in collaboration with IARC.

75. As in previous years and to help document the outcomes as well as to identify areas of improvements of the IARC Research Training and Fellowship Programme, a survey was conducted in 2024 targeting the 146 doctoral students and postdoctoral scientists (including IARC Postdoctoral Fellows) who benefited from the Programme between 2019 to early 2024. Over half of postdoctoral scientists respondents have secured a permanent or tenure track position. Half of postdoctoral scientists manage their own team and funding, with many having received funding related to their stay at IARC. The vast majority continue to collaborate with IARC. The overall satisfaction rate was very high, with valuable feedback to further improve the programme. **Based on our alumni, IARC's impact on their career has been decisive (48%) or helpful (48%)**.

76. The IARC Courses Programme enhances research capacity of the global research community, in particular in LMICs, through lifelong learning opportunities in the areas of the Agency's expertise.

77. In 2024, and as shown in **Table 10** , the Agency organized **34 training courses and webinars** targeting researchers and health professionals from many countries, in particular LMICs. Learning events focused on cancer surveillance, cancer prevention and early detection, as well as cancer research infrastructure and methods. It is to be noted that, since the global health crisis and the move to the new building, several courses have been organized online. When on-site options were not possible, courses were redesigned to combine live sessions with facilitated self-learning (blended learning). The IARC online teaching and learning infrastructure developed over previous years continued to provide flexibility and offer tools for IARC Branches and their collaborators.

78. The IARC Summer School in Cancer Epidemiology aims to improve the methodological and practical skills of cancer researchers and health professionals. The impact of the IARC Summer School extends beyond the individual participants. Graduates of the programme frequently note that the knowledge gained has not only improved their work and furthered their own careers but has also contributed to improving cancer research and prevention efforts in their home countries. Based on the latest outcome survey conducted in 2024, among participants of former IARC Summer Schools, respondents also declared that their participation has fostered lasting collaborations, with 68% of participants establishing ongoing partnerships with IARC and 50% building strong collaborative networks among their fellow participants. The call for the Summer School 2025 was open at the end of 2024.

79. Effort to sustain partnerships for the development of IARC's learning events offer and additional learning resources were pursued. In 2024, the collaboration with the European Society for Medical

Oncology (ESMO) was extended as the IARC-ESMO Learning and Capacity-Building Initiative for Cancer Prevention. Activities are based on a joint learning needs assessment survey carried out among both IARC and ESMO audiences in 2022. They include live learning 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 (cf. below). While several self-paced learning resources have been designed, two webinars were organised in 2024 with related self-learning resources: Current Status and Perspectives from Epidemiological and Clinical Research on Cancer Survival and Outcome (300+ participants from 70+ countries) ; Perspectives on Smoking Cessation and Cancer: Quitting Smoking After a Cancer Diagnosis and Emerging Evidence on Vaping as a Smoking Cessation Strategy (190+ participants from 60+ countries).

80. Regarding other self-learning resources, the series of modules on the European Code Against Cancer 4th edition, developed during the previous years by the Environment and Lifestyle Epidemiology (ENV) and the Learning and Capacity Building (LCB) Branches in the frame of the Cancer Prevention Europe programme (CPE), translated into five languages (French, Spanish, Hungarian, Polish and German) and deployed as an online learning programme on primary and secondary prevention of cancer, targeting cancer prevention advocates, health practitioners and promoters (https://learning.iarc.fr/edp/courses/cpe/), was accredited in 2024 by the European Accreditation Council for Continuing Medical Education (EACCME). Upon successful completion of the evaluation, learners are eligible for 3 ECMEC® credits to be converted by national competent authorities into 3 CME credits.

81. The above-described resources are available through the IARC Learning Portal, which attracts a growingly increasing audience (https://learning.iarc.fr/). In 2024, 2780 new users registered to the IARC Learning portal (including 81% from LMICs). In March 2025, the IARC Learning portal counted 7878 users from 177 countries (Including 64% from LMICs). As described in section **3.1.3** of this report, IARC and the WHO Academy have developed a collaboration within the development of the Academy's Learning Experience System, which will progressively replace the current IARC Learning infrastructure.

82. Regional learning centres are a powerful way to leverage the impact of an institution's courses and learning resources. Based on the recommendation provided by China during the 64th IARC GC in May 2022, the Agency and the National Cancer Centre China have collaborated to set up a first regional centre, the IARC-NCC China Learning Centre, formalized in 2023. In July–August 2024, the IARC-NCC China Learning Centre implemented the module on Cancer Epidemiology of the Summer School with 36 participants. The course followed the same structure as the course in Lyon, i.e. a blending learning format using the IARC learning infrastructure and contents for the online part, followed by a face-to-face session in China focused on practice, group work and networking. Sessions were based on IARC open teaching resources as described above, adapted, and translated into Chinese. The evaluation of the course was carried out by the LCB Branch and was very positive. A new session is planned in 2025. A similar partnership was developed in 2024 with the INCA Brazil and the University of Sao Paolo, in collaboration with other national entities, leading to the setup of the IARC-Brazil Learning Centre. The first course (Introduction to Cancer Epidemiology) is planned for 2025, targeting health professionals from Brazil. In this instance, it is planned that online material will also

be translated into Portuguese. The set up of other similar regional partnerships will be considered, subject to availability of financial resources in LCB to launch and coordinate activities implemented with partners.

2.7. IARC's Scientific Spotlight on Major Cancer Events

83. In February 2025, IARC marked **Colorectal Cancer Awareness Month 2025** by highlighting the most recent advances that IARC researchers have made towards understanding this disease, and in particular towards understanding the increasing incidence rates of colorectal cancer among younger people.

- ➔ IARC's most recently published figures estimate that there are about 1.9 million new cases of colorectal cancer and more than 900 000 deaths due to colorectal cancer worldwide each year.
- ➔ The incidence rates of colorectal cancer in people younger than 50 years have been increasing for at least 20 years, and some sources report an increase for 30 years or more. This trend is deeply concerning, and IARC researchers are working to uncover the underlying causes as well as innovative ways to diagnose populations at risk.
- ➔ Initiatives such as the Mutographs, the Discovering the Causes of Three Poorly Understood Cancers in Europe (DISCERN) project and the Identification and Development of Novel Colorectal Cancer Biomarkers (ColoMARK) project are examples of the studies that IARC scientists are undertaking to prevent and detect colorectal cancer, including early onset of colorectal cancer.

84. To mark International **Childhood Cancer Day 2025**, IARC has published a series of videos about the Targeting Childhood Cancer through the Global Initiative for Cancer Registry Development (ChildGICR) project and the ChildGICR Masterclass. The series includes short interviews with the creators, trainers, and participants in the Masterclass courses.

- ➔ IARC and St. Jude Children's Research Hospital (USA) are leading the **ChildGICR project**. The overall aim of this project is to improve the quality and availability of data on cancer in children, particularly in countries with limited resources.
- ➔ As part of the ChildGICR project, IARC and St. Jude developed the **ChildGICR Masterclass** on childhood cancer registration. An initial group of people were trained in the principles of childhood cancer registration. The members of this group then developed teaching materials and templates for future courses to be organized in their regions. Through this approach, more than 120 professionals have already been trained in the registration of childhood cancer, with support from IARC and St. Jude.

➔ The DECAN-Child IARC-led project launched in 2022 aims to identify barriers and measure delays in cancer care, assess its quality, and evaluate survival outcomes among paediatric patients with cancer in Nepal. IARC shared a story about the project, along with two testimonies from participants, illustrating the challenges faced by children with cancer and their families in Nepal.

85. To mark **World Cancer Day 2025**, IARC launched a new website for the EU-CanIneq project, a European Union (EU) initiative dedicated to mapping **socioeconomic inequalities in cancer across Europe**.

➔ Socioeconomic factors are the most significant determinant explaining the distribution of the cancer burden between and within countries. "The findings of this initiative should play a key role in guiding countries to reduce inequalities in cancer through evidence-based policies." (Dr Salvatore Vaccarella, scientist, Cancer Surveillance Branch and the coordinator of the project)

➔ Link to the new website: https://eu-canineq.iarc.who.int/

86. IARC marked **Cervical Cancer Month 2025** by showcasing some of the promising areas of research that could enable countries to eliminate cervical cancer as a public health problem more rapidly. In addition, IARC provided a short animation about the prevention of cervical cancer.

IARC plays a vital role in supporting the WHO **Cervical Cancer Elimination Initiative** through several key areas:

➔ **Cancer Data and Surveillance:** in 2022, nearly 94% of deaths die to cervical cancer occurred in LMICs.

➔ **One-Dose HPV Vaccination:** IARC conducts research and evaluates evidence supporting the effectiveness of a single-dose HPV vaccine regimen. This approach could improve vaccine access and coverage, especially in LMICs, by simplifying logistics and reducing costs.

➔ **Screening Strategies:** IARC assesses and promotes effective cervical cancer screening methods, including HPV testing, which is more sensitive and longer-lasting than traditional methods. It supports countries in transitioning to these advanced, cost-effective screening strategies.

➔ **Modelling Cervical Cancer Elimination:** IARC develops and applies modelling studies to predict the impact of HPV vaccination strategies on cervical cancer rates over time. These models help countries design tailored, evidence-based policies to accelerate progress toward elimination.

87. To mark **Pancreatic Cancer Awareness Month 2024**, IARC released social media tiles about the global burden of pancreatic cancer, risk factors, and survival.

- ➔ Cancer surveillance: more than 500 000 people are diagnosed with pancreatic cancer per year. Only 1 in 10 people survive for five years after diagnosis.
- ➔ Causes: smoking, obesity, and diabetes can increase a person's risk of developing pancreatic cancer.

88. IARC scientists participated to the 36th International Papillomavirus Conference (IPVC) in Edinburgh, United Kingdom, on 12–15 November 2024, and hosted a session on the introduction of screening programmes for cervical cancer. IPVC is one of the largest global conferences focused on cervical cancer prevention.

89. To mark **Lung Cancer Awareness Month 2024**, IARC released a series of social media tiles about the global burden of lung cancer and the research that IARC and partners are conducting to prevent more people from developing or dying from this disease.

IARC conducts extensive work on **lung cancer**, focusing on research, prevention, and improving global understanding of the disease:

- ➔ **Cancer Surveillance and Data:** Through its **Global Cancer Observatory (GCO)** and **Cancer Incidence in Five Continents (CI5)** series, IARC collects and analyzes data on lung cancer incidence, mortality, and survival worldwide — helping to track trends and disparities between regions.
- ➔ **Understanding Causes and Risk Factors:** IARC studies the major causes of lung cancer, including **tobacco smoking**, **air pollution**, and **occupational exposures** (e.g. asbestos). IARC also investigates emerging risk factors, like **e-cigarettes**.
- ➔ **Prevention and Screening:** IARC supports research on **tobacco control policies**, and **early detection** strategies. It evaluates early biomarkers of lung cancer risk to optimize screening in high-risk populations to catch lung cancer early, when treatment is more effective.
- ➔ **Molecular and Biological Research:** IARC explores the molecular mechanisms driving lung cancer, studying **epigenetic changes**, and **tumour biology**. This research helps identify **biomarkers** for early detection and potential **therapeutic targets**.
- ➔ A new IARC website presents the Lung Cancer Cohort Consortium (LC3), aimed to facilitate collaborative research on lung cancer etiology, risk assessment, and early detection (https://lc3.iarc.who.int/).

90. To mark **Breast Cancer Awareness Month 2024**, IARC released a collection of social media tiles that highlight facts about breast cancer and the related work that IARC scientists are doing.

- ➔ **Cancer surveillance**: A new analysis led by IARC evaluates the latest and future burden of female breast cancer globally, with a detailed analysis in about 50 countries with high-quality population-level cancer data. The study finds that on average, 1 in 20 women worldwide will be diagnosed with breast cancer in their lifetime, and that if current rates continue, by 2050 there will be 3.2 million new breast cancer cases and 1.1 million breast cancer-related deaths

per year, and the growth will disproportionately affect countries with a low Human Development Index (HDI).

➔ **Prevention**: IARC is working to uncover the causes of breast cancer, to understand how breast cancer progresses after it has developed, to introduce and improve breast cancer screening programmes tailored to local health systems, and to accurately record the burden of breast cancer worldwide.

➔ IARC's analysis of KPIs for the **WHO Global Breast Cancer Initiative** (GBCI) in Africa has provided valuable data for measuring progress in breast cancer control, demonstrating the feasibility of tracking the GBCI's success in hospital settings, directly supporting the WHO's strategic framework for breast cancer prevention and care.

➔ IARC presented an overview of the links between hormones, metabolism, and the development of hormone-dependent cancers during an event for Breast Cancer Awareness Month: "Octobre rose 2050: Agir sur les causes environnementales du cancer du sein"", organized by the Réseau Environnement Santé and the Alliance Santé Planétaire, with support from the Mairie de Paris.

91. IARC marked **Childhood Cancer Awareness Month 2024** by offering insights into its activities and research designed to help control childhood cancer.

➔ As part of the **CICERO project** supported by the Ministry of Health, Welfare and Sport of the Government of the Netherlands, IARC will focus on childhood cancer in Africa, in particular studying the full journey of children with cancer, including understanding early signs and referral patterns, survival, and treatment completion. This will be complemented by defining molecular profiles of childhood cancer cases in Africa using epigenomics methodology.

92. IARC was represented at the **World Cancer Congress** "Fighting Cancer around the World: A Framework for Action" at the Institute of Global Health in Geneva, Switzerland, on 19 September 2024. The aim of this conference was to identify how different global regions are tackling cancer, which differences exist in cancer care around the globe, and which mechanisms are being used to control cancer.

93. IARC was represented at the **Science Summit at the 79th session of the United Nations General Assembly (UNGA79)**, on 10 September 2024, in New York, USA.

➔ Dr Zisis Kozlakidis, Head of Laboratory Support, Biobanking, and Services, and Dr Inge Huybrechts, Head of the Lifestyle Exposure and Interventions Team in the Nutrition and Metabolism Branch at IARC, participated in and lead in-person and online meetings related to the United Nations Sustainable Development Goals and improving health systems.

94. IARC marked **World Hepatitis Day 2024** by showcasing collaborative projects to prevent and study infections with hepatitis viruses, which are important drivers of hepatocellular carcinoma, the most common form of liver cancer. Infections with hepatitis viruses also cause some cases of non-Hodgkin lymphoma, some cancers of the bile duct, and other liver diseases.

95. IARC co-chaired a session on "Health inequities in cancer incidence and prevention" at the inaugural Cancer Prevention Research Conference organized jointly by Cancer Research UK, the United States National Cancer Institute, and the American Cancer Society. It was held in Boston, USA, on 25–27 June 2024.

3. COOPERATION, PARTNERSHIPS AND STRATEGIC ENGAGEMENTS

3.1 Cooperation with WHO

3.1.1 IARC-WHO/HQ thematic cooperation

96. Close collaboration between IARC and WHO is critical to the successful delivery of respective mandates and has been strategically identified as a priority in IARC's MTS 2021–2025 as well as in the World Health Assembly Resolution 70.12 (2017). IARC and WHO have complementary functions and mandates to advance cancer control globally. In that regard, and as part of broader strategic activities, the IARC Statute places emphasis on cancer research, while WHO has the mandate in cancer control to support policy formulation and implementing programmes towards effective global cancer control. This pathway of research into policies and programmes is the basis for the complementary relationship between IARC and WHO.

97. IARC research informs the goals of the WHO Global initiatives (Global Cervical Cancer Elimination Initiative, Global Breast Cancer Initiative, Global Childhood Cancer Initiative, Global Initiative for Cancer Registry Development) and is vital for monitoring progress towards attaining the targets. The findings of scientists from IARC and partner institutions also provide the evidence base for WHO recommendations.

98. IARC directly further supports the WHO CCEI's focus by providing crucial support in evaluating and promoting cost-effective cervical cancer prevention strategies and in modelling cervical cancer elimination. IARC's analysis of KPIs for the GBCI in Africa has provided valuable data for measuring progress in breast cancer control, demonstrating the feasibility of tracking the GBCI's success in hospital settings, directly supporting the WHO's strategic framework for breast cancer prevention and care.

3.1.2 IARC-WHO joint communications/events/capacity building

99. In 2024, IARC and the WHO Regional Office for the Eastern Mediterranean celebrated 10 years of collaboration in supporting cancer surveillance in the Eastern Mediterranean. This partnership has ensured a decade of progress in the development of sustainable and high-quality cancer surveillance systems for cancer control in countries throughout the region.

100. IARC, through the Global Initiative for Cancer Registry Development (GICR), together with the WHO Regional Office for the Eastern Mediterranean, has provided technical support to 20 Eastern Mediterranean countries, including site visits and tailored recommendations to 12 countries. Over a series of five workshops covering basic and advanced cancer registration topics, more than 100 cancer registry professionals have been trained during the past decade, including three GICR*Net* regional trainers.

101. Working in tandem with the IARC Regional Hub for Cancer Registration in Northern Africa, Central and Western Asia (in Izmir, Türkiye) and the respective WHO country offices, cancer registry teams from five countries in the Eastern Mediterranean region received on-site training in cancer registration procedures at the Izmir Cancer Registry.

102. IARC scientists and the Pan American Health Organization (PAHO) launched a new e-learning programme on the Latin America and the Caribbean Code Against Cancer. The e-learning programme is a free, self-directed, and competency-based training course that includes 40 hours of certified training on primary and secondary prevention of cancer for primary health-care professionals, structured around the 17 recommendations of the Latin America and the Caribbean Code Against Cancer.

103. On 13 December 2024, IARC hosted a screening of short films from WHO's Health for All Film Festival as part of the Global Health Festival, organized by French authorities for the WHO Academy inauguration. The screening was followed by a panel discussion on health education through film with high-level experts from IARC, the WHO Academy, and others. The audience included WHO representatives from French-speaking countries, Lyon's general public, health professionals, and students in public health, social sciences, and cinema.

104. IARC co-hosted a side event on oral cancer prevention and early detection during the WHO global oral health meeting, which was held in Bangkok, Thailand, on 26–29 November 2024. This was the first-ever global oral health meeting organized by WHO, and the aim was for delegates from more than 110 countries to produce national roadmaps and negotiate a joint declaration on oral health. The event helped to generate a deeper understanding of the global burden of oral cancer and of the best practices for prevention, as well as actionable strategies enabling oral health professionals to integrate oral cancer prevention into their daily practice.

105. Many scientists and representatives from IARC attended and actively participated in the Seventy-seventh World Health Assembly in Geneva, Switzerland, in May 2024.

106. As per the Interim Standard Operating Procedure (SOP) between IARC and WHO, the announcement for the *IARC Monograph* Meeting 140, Atrazine, alachlor, and vinclozolin, to be held on 28 October to 4 November 2025, was posted on the IARC website one year prior to the scheduled meeting.

107. As per the Interim SOP between IARC and WHO, the announcement for the *IARC Monograph* Meeting 141, Tris(chloropropyl)phosphate, butyraldehyde, and cumyl hydroperoxide, to be held on 3 to 10 March 2026, was posted on the IARC website one year prior to the scheduled meeting.

108. Following discussions between the Director and the Scientific Council and Governing Council Chairs in 2023, it was agreed that the Interim SOP be updated through 2023–2024 based on the six-year experience gained in its application, on consultation with WHO/HQ, and be submitted at the 67th Session of the Governing Council in May 2025.

109. The joint revision of the Interim SOP is progressing well but remains unfinished in March 2025. With the agreement of the Chair of the Governing Council, the IARC Director has decided to postpone the submission of the revised SOP to the 68th Governing Council session in May 2026.

110. IARC and WHO teams will continue to further update the Interim SOP during this interim period, according to ongoing updates to normative process, while promptly implementing updated consensus clauses.

111. Mrs Charu Mehta, Director of Administration and Finance, is the IARC focal point for general management, business operations, and legal matters in relation with WHO/HQ.

112. IARC is part of the WHO Global Advisory Committee on formal complaints of abusive conduct (GAC). The GAC's role is to review Internal Oversight Services investigation reports on allegations of abusive conduct (i.e. abuse of authority, discrimination, harassment, and sexual harassment) and to provide a recommendation to the Director-General/Regional Director/Executive Director concerning an appropriate course of action, in accordance with the options set out in the Policy on Preventing and Addressing Abusive Conduct (PAAC).

3.1.3 WHO Academy and the Global Health Hub in Lyon

113. The WHO Academy will provide millions of people around the world with rapid access to the highest quality training courses in health. The Academy will be a key lifelong learning platform to accelerate the implementation of evidence-based health practice and policy, and an important future partner for IARC. The Agency therefore continued to contribute to the planning of the Academy through participation in its governance, as well as to relevant activities of the WHO Academy.

114. The IARC Director has been invited as a member of the WHO Academy internal steering committee, to provide guidance on strategy and activity roadmap.

115. On the administration side, discussions have been continued to share some services and related costs.

116. Regarding learning contents, the Comprehensive Learning Programme on Screening, Diagnosis and Management of Cervical Precancer has therefore been developed by a consortium of WHO/HQ and the six Regional Offices coordinated by the IARC Early Detection, Prevention and Infections (EPR) Branch. The Managing Infrastructure for Medical Research Learning Programme was also selected and is led by the Nutrition and Metabolism (NME)/Laboratory Support, Biobanking and Services (LSB) Branch. Modules of both programmes should be launched in 2025.

117. As far as learning infrastructure is concerned, IARC and the Academy set up a collaboration within the development of the Academy's Learning Experience System (LXP), which led to the signature of an agreement in 2023. In the frame of this collaboration, the IARC LCB Branch has provided training design expertise to support the development of the LXP, including through advises on key LXP functionalities and testing of demo versions. The WHO Academy team has successfully implemented most of these functionalities in the LXP. The Academy team has created a dedicated Learning Space on the LXP, which will be managed by IARC autonomously. From the user's perspective, the IARC learning space is clearly visible and accessible from the LXP "course discovery" page. Users can easily identify the IARC courses in the list of all courses displayed. A stable version of the LXP was released for testing end 2023 and improved through 2024, while over 20 IARC learning resources were migrated. In 2025, the remaining IARC self-paced and facilitated courses, as well as users, will be migrated to the LXP, which will eventually replace the current IARC Learning infrastructure.

3.2 Partnership highlights

Selected partnerships of the Agency are highlighted below. Strengthened partnerships will enable new projects to begin and add momentum to ongoing projects and directly contribute to the IARC mission to promote international collaboration in cancer research.

118. IARC and partner institutions including Erasmus MC (the Netherlands), the Institute of Oncology Ljubljana (Slovenia), and the Ministry of Health of Slovenia have launched the **Improving Cancer Screening in Slovenia** project to investigate and introduce new organized population-based cancer screening programmes for lung cancer and prostate cancer in the country (*early 2025*).

119. IARC convened a three-day Working Group Meeting in February 2025 that brought together an international, interdisciplinary group of 33 experts from 21 countries to discuss current practices and provide guidance on the implementation of **population-based *Helicobacter pylori* screen-and-treat strategies in adult populations for the prevention of gastric cancer**. The meeting, led by Dr Jin Young Park, leader of the Gastric Cancer Prevention Team at IARC, took place as part of the Accelerating Gastric Cancer Reduction in Europe through *Helicobacter pylori* Eradication (EUROHELICAN) project.

120. IARC hosted a meeting of the **Expert Working Group of the European Commission Initiative on Cervical Cancer** in February 2025. The objectives of the meeting were to draft recommendations on the ages to start and stop screening for cervical cancer in the general population in Europe, and to lay the groundwork for screening recommendations for populations that have been vaccinated against HPV. The completion and implementation of the new recommendations will mark a major step towards the elimination of cervical cancer in Europe and will improve access to high-quality services.

121. IARC participated in the Pediatric Cancer Registry and Data Meeting, inaugural meeting of the **first population-based cancer registry dedicated to childhood cancer**, organized by the Cancer Institute (WIA – Women's Indian Association) in India, which is based in Chennai.

122. The 10th instalment in the IARC–-ESMO webinar series was broadcast live on Thursday 12 December 2024. The topic of the webinar was: "Perspectives on Smoking Cessation and Cancer: Quitting Smoking After a Cancer Diagnosis and Emerging Evidence on Vaping as a Smoking Cessation Strategy". The IARC-ESMO webinar series aims to provide new perspectives or to present new research, to complement the large variety of educational resources that are freely accessible from the online learning platform of the IARC-ESMO Learning and Capacity-Building Initiative on Cancer Prevention.

123. On 6–8 November 2024, IARC hosted the launch and first meeting of the **Opioid Cohort Consortium (OPICO)**, bringing together 30 international scientists from 20 institutions to investigate the potential link between opioid use and cancer risk. OPICO will harmonize data from nearly 2 million individuals across 25 sources in the USA, Europe, Asia, and Australia. The project aims to provide robust evidence to guide national prevention strategies and early detection policies, addressing the possible long-term health impacts of the ongoing global crisis of opioid overuse.

124. IARC hosted the annual meeting of the "Understanding Cancer" cluster of projects of the **European Union Cancer Mission** on 15 October 2024. IARC hosted the meeting in its capacity as the coordinator of the Discovering the Causes of Three Poorly Understood Cancers in Europe

(DISCERN) project. These projects focus in areas such as citizen engagement in cancer research and communication with the general population.

125. IARC welcomed a delegation from St. Jude Children's Research Hospital (in Memphis, Tennessee, USA) on 30 September 2024. During the two-day meeting, the leaders and researchers from both institutions discussed the achievements and further development of the bilateral collaboration **Targeting Childhood Cancer** through the Global Initiative for Cancer Registry Development (ChildGICR) established in 2020.

3.3 Strategic engagement highlights

126. The Agency continued building a strong collaborative global network with strategic partners. In 2024, the Agency signed **seven Memoranda of Understanding** (MoU) with:

- The International Association of Cancer Registries (IACR), New Mexico Tumour Registry, Albuquerque, USA (amendment)
- Le Centre Léon Bérard, Centre Régional de Lutte Contre le Cancer, Lyon, France (amendment).
- The Royal College of Pathologists, London, United Kingdom (amendment).
- The Cancer Genomics Consortium, Lafayette, USA (amendment).
- The South African National Cancer Registry (NCR), National Institute for Communicable Disease (NICD), Johannesburg, South Africa
- Martin Luther University Halle-Wittenberg, Halle, Germany (amendment)
- Convention de Partenariat CIRC@60, Campus Sciences-U, Lyon, France.

127. In 2024, IARC signed **28 Collaborative Research Agreements** (CRAs) with partners institutions on specific research projects aligned with the MTS.

128. IARC has continued to further solidify its data protection framework and data security measures over the last year, to ensure IARC's data protection framework remains in line with internationally recognized standards, inter alia through the following actions:

- The IARC Data Protection Policy, which outlines how IARC processes personal data for scientific purposes and was first published on our public website in 2021, has been further strengthened through the development and implementation of a comprehensive Data Breach Policy;

- The IARC Data Protection General Awareness training which is mandatory for all personnel and is followed on a yearly basis was updated to reflect new developments. Newcomers follow the training within their first month at IARC and receive a briefing from IARC's Data Protection Officer afterwards to further discuss this topic;
- IARC continued to improve the IARC Scientific IT Platform processes enabling collaborators to remotely access scientific data in accordance with internationally recognized standards;
- IARC maintained the established comprehensive Register of Records of Data Processing Activities (ROPA) for all scientific and non-scientific data processed at IARC;
- IARC continued to actively work on finding practical solutions with its scientific collaborators for any arising data protection challenges within research projects, ensuring scientific collaborations can be implemented as planned;
- IARC continuously works, in collaboration with WHO, on strengthening our data protection framework taking into account new developments and internationally recognized standards, including via the WHO Personal Data Protection Policy that became effective in April 2024;
- IARC continues to collaborate with its scientific collaborators, the European Commission, the European Data Protection Supervisor, several networks of International Organizations and data protection authorities to work on long-term solutions to simplify data sharing with IARC.

3.4 Resource Mobilization highlights

IARC's Resource Mobilization strategy highlights four main sources of funding for the Agency. The following targeted actions have been taken since the last Governing Council meeting on each of the four main focus areas: (i) Increase assessed contributions; (ii) Explore innovative resource mobilization; (iii) Enlarge direct and flexible funding; (iv) Strengthen competitive funding (under 3.4.1. *Voluntary contributions to IARC – grants and contracts*).

(i) *Increase assessed contributions*

129. Expanding IARC's membership is key to increasing statutory contributions. Following a targeted strategy — building a strong investment case, tailoring it to national priorities, and mobilizing advocates — the Secretariat successfully welcomed two new Participating States in May 2024: the Kingdom of Saudi Arabia and Egypt. This approach also prompted Portugal to submit its application for the 2025 Governing Council session.

130. The Secretariat remains dedicated to attracting new Participating States through targeted actions, including prioritizing key countries and presenting tailored investment cases. Despite global economic and political challenges, it continues to engage health ministries worldwide, emphasizing the benefits of membership and the vital role of cancer research in global health.

131. The Secretariat is actively engaging with potential new Participating States, including Indonesia, Algeria, Mexico, and Kuwait. Interest remains high, particularly in cancer registry and screening initiatives. Algeria is exploring membership benefits, such as increased visibility through joint research and participation in international consortia, particularly to support its breast cancer screening efforts.

Egypt's successful collaboration with IARC serves as a compelling example for Algeria while discussions with Mexico and Kuwait are also progressing.

132. The May 2026 IARC@60 anniversary conference offers a pivotal opportunity to attract new Participating States. This global event will unite top cancer research experts, spotlight IARC's achievements, and foster collaboration. By showcasing IARC's value and strategic impact, the Secretariat aims to secure new memberships, expanding IARC's global reach in cancer research and prevention.

(ii) Explore innovative resource mobilization

133. The Secretariat continues to actively reach out to potential Charities and High Net-Worth Individuals (HNWI) to secure donations that support IARC's mission of advancing cancer research and prevention. This outreach is part of a broader resource mobilization strategy that targets major donors and key influencers globally.

134. In early 2024, IARC received one such donation for €1 million from Charities Aid Foundation (CAF) United Kingdom. This donation was secured through a well-crafted strategy involving personalized engagement with the donor, understanding their interests and motivations for supporting cancer research and emphasizing the importance of their contribution in advancing cancer research. Additionally, the Secretariat provided detailed information on how the donation would be utilized, ensuring transparency and accountability.

135. Looking ahead, the Secretariat continues to explore innovative resource mobilization strategies, including targeted campaigns for HNWI. By leveraging the success of previous donations and maintaining strong relationships with key donors, IARC aims to secure additional support from HNWI, further enhancing its capacity to conduct groundbreaking cancer research and improve global health outcomes.

(iii) *Enlarge direct and flexible funding*

136. IARC's third strategic priority for resource mobilization is expanding direct, flexible funding through partnerships, particularly with the private sector. Notable successes include the CanScreen5 Programme, supported by the Sabin Vaccine Institute, which established regional hubs and training for cancer screening managers worldwide. The Union for International Cancer Control (UICC) funds IARC's upcoming Lung Cancer Screening Handbook, providing guidelines for effective screening. Additionally, the Gulf Center for Disease Prevention and Control supports the RESET-Gulf project to improve cancer screening, surveillance, and communication in the region through capacity building and training. IARC also collaborates with the European Commission's DG Reform to strengthen cancer control policies across Europe.

137. In 2024, direct funding agreements represented **27%** of the EURO amounts signed by the Agency for voluntary contributions

138. To ensure that private interests do not influence IARC's research, all engagements with private sector entities are conducted in strict adherence to the Framework of Engagement with Non-State Actors (FENSA). This framework provides a robust mechanism to identify and mitigate risks while preserving IARC's integrity, reputation, and public health mandate. Each potential collaboration

undergoes a thorough due diligence and risk assessment process, ensuring that the engagement aligns with FENSA principles and does not compromise IARC's independence. This approach includes maintaining a firewall between the funding entity and the research outcomes, ensuring transparency and accountability. By adhering to these principles, IARC can confidently engage with private sector donors while safeguarding the integrity of its research.

3.4.1 Voluntary contributions to IARC (grants and contracts)

139. Voluntary contributions to IARC are obtained mainly through competitive research grants from national and international funding agencies and increasingly through direct funding requests. The success in obtaining peer-reviewed funding is an external indicator of the overall quality of the research at the Agency.

140. These contributions represent a substantial component of the Agency's overall funding to successfully implement its programmes and the MTS 2021–2025. This income supplements the investment made by Participating States through their assessed contributions.

141. As part of the objective to increase competitive funding, the Secretariat is screening permanently more than **200 funders** and has posted on its intranet Resource Mobilization pages **249 funding opportunities** in 2024 for IARC colleagues to consider pursuing.

142. The number of new grant applications and direct funding requests submitted in 2024reached **a total of 219** (first stage and second stage applications) (**Table 11**). This reflects the commitment of the Agency's scientists to secure sufficient extrabudgetary funds to conduct the research defined within the MTS.

143. The Agency signed extrabudgetary contracts amounting to a total value of **€35,63 million in 2024; of which €17,61 million was attributed to IARC**. The large proportion of the total value of signed contracts going to IARC collaborators indicates that IARC's participation in projects can bring benefits to a wide network of institutions and organizations at national levels. The US National Institute of Health was IARC's number one funder in 2024 with €4.2 million granted to IARC for the implementation of 14 different research projects.

144. Funding opportunities available to IARC under the Horizon Europe, EU4Health and Cancer Mission programs have also been closely monitored throughout the year. In 2024, **four European Commission (EC) funded projects** with IARC participation or coordination have been selected, under the Horizon Europe programme (2), the European Social Fund + programme (1) and the Technical Support Instrument (1). IARC is more and more frequently called upon for its crucial expertise on support to national cancer screening programs (support to Slovenia for instance). In 2024, IARC's unique expertise has been recognized by the European Commission, through its selection as a key work package leader in the Horizon project "HPV-FASTER-Implement / Offering combined HPV vaccination and HPV test-based cervical screening to vulnerable populations. A hybrid efficacy and implementation study".

145. Overall, the figures on extrabudgetary contracts represent an outstanding achievement given the increasingly competitive nature of research funding, triggered by the decreasing number of funding opportunities available for cancer research.

146. As these sources of funding are unpredictable and unstable by nature, a stable and robust IARC regular budget is key to continue obtaining these strategic extrabudgetary contracts. Voluntary contribution (grants and contracts) expenditure in 2024 was **€24.01 million**. This represented approximately 54% of the overall combined expenditure from regular budget and voluntary contributions (**Figure 5**).

147. About 79% of the contributions signed in 2024 came from the following **10 funders**, as shown in **Figure 6**.

- National Institutes of Health/National Cancer Institute and National Institute on Alcohol Abuse and Alcoholism (NIH/NCI and NIH/NIAAA, USA)
- Institut National du Cancer (INCa-FR, France)
- European Commission – Compilation of various agencies (EC, European Union)
- Charities Aid Foundation (CAF, United Kingdom)
- World Cancer Research Fund International (WCRF, United Kingdom)
- Department of Health of the Government of Ireland (IE-MoH, Ireland)
- Cancer Research UK (CRUK, United Kingdom)
- Union for International Cancer Control (UICC, Switzerland)
- Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail (ANSES, France)
- St Jude Children's Research Hospital (St Jude, USA)

3.4.2 Implementation of the Framework of Engagement with Non-State Actors (FENSA) at IARC

148. During its 60th session in May 2018, the IARC Governing Council reviewed the "Recommendations from the Governing Council Working Group on the implementation of FENSA" (Document GC/60/17) and noted the "IARC-Specific Guide on Engagement with Non-State Actors" prepared by the Governing Council Working Group. Following Resolution GC/60/R17, the Secretariat is requested to annually report on IARC engagement under FENSA as part of the Director's Report.

149. During the course of 2024, IARC has continued the implementation of the simplified procedure as the default procedure for the assessment of engagements with Non-State Actors (NSAs) to be conducted by IARC FENSA focal points, following the recommendation from the WHO Due Diligence and Non-State Actors Unit.

150. WHO and IARC are aligned in their approach of implementing FENSA, using two levels of due diligence and risk assessment, by distinguishing between low-risk simplified procedures and standard procedures prior to engaging with NSAs. The identification of risk factors does not automatically exclude the possibility of engaging with NSAs. Determination of whether a potential conflict of interest

exists is made, taking into account the specificities of the project at stake. The risks are balanced against the expected benefits for IARC, also considering the probability of the risk.

151. Under the simplified procedure, due diligence and risk assessment are conducted by the Resource Mobilization and Management Office on potential donors and project partners related to resources (competitive grants and direct funding); and self-assessment or due diligence and risk assessment on NSAs under other types of engagement (technical collaboration, participation, evidence, and advocacy) is carried out by the IARC Ethics and Compliance Officer.

152. Under the standard procedure, complex cases and those potentially presenting a higher reputational risk should be referred to WHO Due Diligence and NSAs Unit for their assessment and recommendations.

153. In August 2024, IARC contributed to the report presented to the 156th session of the WHO Executive Board by providing information on the implementation of FENSA at IARC (https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_38-en.pdf). IARC staff has also participated in one network meeting organized at WHO HQ for FENSA Focal Points.

154. In 2024, IARC applied the low-risk simplified procedure for **350 NSAs** (unique values) with whom IARC engaged either through funding applications and contribution agreements (333 NSAs) or through other types of engagement (17 NSAs), noting that IARC has sometimes engaged several times with the same NSA partner throughout the year, i.e. through different projects. Internal due diligence evaluations and risk assessments were conducted to screen for potential reputational risks, by scrutinizing the NSAs' legal status, governance and sources of funding. Information is systematically gathered from the documentation submitted by the NSAs (ByLaws, Governance, financial reports) and complemented by various publicly available sources such as reports and media. Reference has been made to the WHO Register of NSAs when information on the entity was available.

155. IARC has applied the standard procedure for complex engagements with one NSA in 2024. WHO Due Diligence and Non-State Actors Unit has provided crucial and strategic advice on how to handle visibility requests from a Non-State Actor, leading to the successful signature of a contribution agreement supporting an important project on "Improving data collection for monitoring and quality assurance of cancer screening program in Asian region".

156. IARC maintains its own Due diligence Register where it keeps profiles of all the NSAs it has engaged with since January 2017 (a total of **1522 NSA profiles** had been prepared and archived by the end of 2024). IARC also maintains a NSA Register in which **238 NSAs** have a complete set of FENSA-relevant documentations, including Tobacco and Arms Disclosure (TAD) forms signed by the authorized representative of the NSA (IARC has collected **241 signed TADs** in 2024). This internal resource has allowed IARC colleagues to rely on already acquired documentation in the majority of our engagements in 2024.

157. Despite its inherent challenges, FENSA provided the Agency with the opportunity to further expand its engagement with numerous NSAs, and to increase transparency and accountability, inter alia towards IARC Participating States.

4. MANAGEMENT

4.1 Evaluation of the IARC Medium-Term Strategy (MTS) 2021–2025 and its Working Group membership

158. In May 2021, the Governing Council requested the Secretariat to evaluate the Medium-Term Strategy (MTS) 2021–2025 (Resolution GC/63/R4). The evaluation of the MTS consists of the systematic and objective assessment of IARC's strategic programme for 2021–2025: its design, implementation, and results. The aim of this evaluation is to determine the relevance and the fulfilment of the objectives, as well as the efficiency, effectiveness, and impact of IARC's activities.

159. The methodology, the evaluation framework and the KPIs to assess progress in the implementation of the MTS were approved by the Governing Council in May 2022 (Resolution GC/64/R12). This evaluation of the MTS implementation is complementary to the scientific reviews of individual Branches, which take place every five years through a peer-review process.

160. In 2023, an evaluability assessment was performed to determine the readiness of the MTS 2021– 2025 for the evaluation and to prepare the MTS 2021–2025 evaluation to be conducted in 2024. The data and KPIs of the evaluability assessment also present a short mid-term overview of the implementation of the MTS 2021–2025. The evaluability assessment of the MTS 2021–2025 and its Working Group membership are detailed in Document GC/66/8.

161. At the Sixtieth session of the Scientific Council in February 2024, Pål Richard Romundstad (Norway) and Luis Felipe Ribeiro Pinto (Brazil) were nominated to be part of the Working Group to prepare the MTS 2021–2025 evaluation.

162. The draft "Evaluation Report of IARC Medium-Term Strategy for 2021–2025" was submitted for discussion at the 61st session of the Scientific Council in February 2025 and is submitted for approval at the 67th session of the Governing Council in May 2025.

4.2 Preparation of the IARC Medium-Term Strategy (MTS) 2026–2030 and its Advisory Group membership

163. Based on the evaluation's recommendations, the development of the MTS 2026–2030 is now underway and will continue throughout 2025.

164. The MTS 2026–2030 will define IARC's strategic priorities and action plan for the next five years. The process of its elaboration, as well as its initial implementation phase, will be overseen by the current Director of IARC, who will remain in office until the end of 2028.

165. To ensure a comprehensive and inclusive approach, both external and internal consultations will take place in early 2025, gathering insights from IARC's key stakeholders, including governance bodies, scientific collaborators, funders, regional partners, and IARC personnel.

166. The development of the MTS is supported by an internal working group, composed of representatives from each of IARC's Pillars and the Secretariat. Additionally, an Advisory Group has been established, as detailed in Document GC/66/9, to guide and review the MTS 2026–2030 throughout its elaboration.

167. At the Sixty-sixth Session of the Governing Council in May 2024, the following Advisory Group Membership was approved, including:

➔ Governing Council representatives:

- Brazil – Professor João Paulo De Biaso Viola
- Egypt – Professor Mohamad Hassany
- Saudi Arabia – Professor Mushabbab Al Asiri

➔ Scientific Council members:

- Professor Mohamed Berraho
- Dr Satish Gopal (*unable to participate*)

➔ WHO Headquarters representatives:

- Dr Jérôme Salomon
- Dr Guy Fones

➔ IARC Secretariat representatives:

- Dr Véronique Chajès, Mr Clément Chauvet (Director's Office)
- Dr Anna Schmütz (Consultant)

168. The draft proposal of the MTS 2026–2030 will be presented for review at the 62nd session of the Scientific Council in February 2026 and subsequently submitted for approval at the 68th session of the Governing Council in May 2026.

4.3 Modernizing IARC's administrative systems

169. Following a successful transition to the new building, IARC is now modernizing its administrative systems to improve efficiency, optimize resource usage, and position IARC as a more modern and impactful cancer research agency. A key component of this modernization is the implementation of a new **Enterprise Resource Planning (ERP) system**, to replace many of IARC's existing administrative and financial systems. The new ERP will provide real-time access to financial data, improve reporting capabilities, and streamline processes, thereby enhancing decision-making and ensuring compliance. Initially, IARC had planned to collaborate with WHO on the implementation of the WHO Business Management System (BMS), but due to delays in its implementation at WHO and several technical challenges, the feasibility of this approach is under review. Discussions with WHO revealed both cost constraints and technical limitations. As a result, IARC is exploring alternative options within the United Nations system and considering maintaining an independent system. The current IARC system architecture would require significant expansion and a re-implementation of the current SAP system, translating into a heavy investment, both on account of one-time costs and annual maintenance expenditure. IARC would benefit from joining a larger ERP coalition rather than carrying the development burden alone, due to its relatively small size. Since the options for UN Agencies are limited due to the specific nature of financial, human resources and administrative regulations, IARC

has recently engaged with the United Nations Development Programme (UNDP) to explore the potential sharing of their ERP infrastructure, Quantum, an Oracle-based tool. This UNDP solution has been developed with the intention of sharing it with other UN agencies to benefit from joint development. This solution offers several advantages, including economies of scale, as it is already used by several other UN agencies, and the opportunity for IARC to adopt a well-tested ERP system, learning from the experiences and best practices of the other UN agencies. The Secretariat is requesting an allocation from the Governing Council Special Fund to support this initiative.

170. Another important initiative to modernize IARC's infrastructure is the implementation of a **Building Operation System (BOS)**. Once in place, this system will significantly improve the operational efficiency of utility usage within the building and contribute to IARC's goal of becoming an environmentally sustainable organization in the years ahead. Known as the "brain of the building", this system enables real-time monitoring of operations across various parts of the building through a sophisticated electronic network. For instance, the system tracks electricity, heating, and cooling demands in different areas and adjusts the power supply based on occupancy. The BOS works as an operating system in which several business applications can be installed to connect them together. For example, a room booking system or a smart maintenance system could be integrated into the BOS. Thus, energy management of the meeting rooms could be done based on the room occupancy schedule. Or an alarm received on a piece of equipment could automatically create a request to the maintenance team. When fully utilized, this BOS is expected to generate significant efficiency savings while also contributing to the reduction of IARC's carbon footprint.

171. IARC is actively enhancing its scientific IT capabilities and data protection measures. The IARC **Scientific IT (SIT) platform** was developed with the ambition to provide IARC investigators with a centralized and secure platform to store and analyze scientific data in a secure fashion that is compliant with data protection standards. The SIT platform is a research infrastructure, providing the required computational capacity for advanced analytics, which benefits all branches within IARC. Additionally, the SIT platform aims to facilitate secure remote access to IARC-held scientific data, in line with worldwide data protection standards, to external collaborators without an actual transfer of individual-level data. Providing access to sensitive scientific data to external collaborators in such a manner contributes to IARC's commitment to Open Science and enhances our scientific collaborations. SIT is a system architecture that is continuously developed. The Secretariat is requesting an allocation from the Governing Council Special Fund to support this initiative.

172. The Agency is refining its cybersecurity posture through several key initiatives. Multi-factor authentication has been implemented for internal users accessing IARC systems, with plans to extend this to external users such as suppliers, consultants, and collaborators. Mandatory cybersecurity training for all personnel is complemented by targeted in-person and virtual security sessions to foster a culture of awareness. Additionally, the renewal of central storage systems involves encrypting all IARC data at rest and improving defenses against ransomware attacks. In parallel, ongoing efforts have been made to improve the digital workplace by standardizing equipment and software across all levels of the organization. This harmonization aims to enhance operational efficiency and reduce associated costs. By streamlining administrative processes and ensuring consistency in tools and systems, IARC seeks to improve productivity and collaboration.

173. The administration is committed to continually advancing IARC as a modern, innovative and cost-efficient organization, in line with the objectives outlined in the IARC MTS 2021–2025. These efforts will be further reinforced as the Agency enters the next five-year period of the MTS (2026–2030).

174. The unbudgeted assessments of new Participating States allow the Director to invest in support of IARC activities. The Governing Council noted (Resolution GC/64/R2) the partial use of such funds to modernize IARC's administrative management system, to further strengthen IARC's data protection mechanism as well as scientific data management systems. The Director is pleased to report that, as of 31 December 2024, €687 358 have been used for this purpose. Finally, the Secretariat will submit separate requests for additional financial requirements, from the Governing Council Special Fund. Henceforth, no further funds will be used from this account for the aforementioned initiatives.

4.4 Personnel.

175. As of **28 February 2025**, there were a total of **403** personnel, 250 staff members and 153 Early ECVS, contributing to the activities at the Agency. For comparison, the number of personnel at the Agency in 2022, 2023 and 2024 was 373, 351, and 382 respectively.

176. On the pre-doctoral level, ECVSs include **16** master's students, **3** Continuing Professional Development Trainees, and **18** Doctoral students. On the post-doctoral level and above, ECVS include **32** Visiting Scientists (which include **2** Mid-Career Visiting Scientists awardees covered by the regular budget), **12** Senior Visiting Scientists, and **72** Postdoctoral Scientists (which include four Fellows covered by the regular budget, three Fellows funded by the external budget from the Mark Foundation for Cancer Research, two from Children with Cancer UK, and five Fellows extended on the Scientific Branches' budget).

177. Of the 232 fixed-term staff, an increase of eighteen compared to 2024, 109 (47%) are Professional staff, an increase of eleven, of which seven were women (43 men; 66 women) and 123 (53%) are General Service Staff, an increase of seven (35 men; 88 women); in addition, there are 18 temporary staff members, a decrease of five. Of the 109 Professional staff, 23 (increase of five) are in the support services.

178. The number of staff positions on the regular budget has not changed compared to 2024, with a total of 150.7 approved staff posts in 2025–2026 funded through the assessed contributions of Participating States, compared with 150.7 posts in 2024.

179. 32% of staff from the General Services and 25% of Professional staff are covered by the regular budget. In 2024, 31% of staff from the General Services and 26% of Professional staff were covered by the regular budget.

180. The total evolution of staff positions funded by the regular budget since 2015 to date is reported in **Table 12** and in **Figures 7** by types of position. Since 2015, the number of staff positions funded by the regular budget has decreased (**Figure 7a**), the number of temporary positions has increased (**Figure 7b**), and the number of Professional staff has decreased (**Figure 7c**).

181. As noted above, the Agency has more women than men in Professional staff positions (60.6% as of 28 February 2025). At the senior level (P4 and P5 and above), the proportion of women is lower in the P5 and above category (43% P4, 36% P5 and above), noting that there has been an improvement at the P5 and above level with appointments, including at the D1 level, while a decrease at the P4 level due to the departure of a staff member. The top two most senior positions at the Agency are occupied by females from LMICs.

182. Overall, IARC staff members come from 45 different countries worldwide, as first nationality with a total of 48 nationalities represented at the Agency. Of the staff on fixed-term contracts, 87.9% are from Participating states (204 out of 232).

183. The period since the last Governing Council session has been characterized mostly by the departure and appointment of several staff members, as reported below:

Resignations

Ms Teresa Lee Yun Hee, P4, Knowledge Manager

Dr Gabrielle Goldman-Levy, P3, Pathologist

Ms Lucile Alteyrac, LY6, Principal Information System Assistant

Ms Anne-Sophie Bres, LY4, Secretary

Ms Sandra Moreno Ayala, LY4, Project Assistant

Ms Sandrine Macé, LY4, Project Assistant

Completion of Appointments

Mr Bent Jorgensen, P5, Administration and Finance Officer

Dr Armando Baena-Zapata, P2, Scientist

Dr Patricia Villain, P2, Scientist

Mr Baptiste Dhont-Farcy, LY3, Procurement Clerk

Retirements or pre-retirements

Dr Catherine Sauvaget, P3, Scientist

Mr Bertrand Hemon, LY6, Principal Research Assistant Data Management & Analysis

Ms Madeleine Ongaro-Thibaudet, LY6, Budget Assistant

Fixed-term appointments:

Ms Charu Mehta, D1, Director of Administration and Finance

Ms Anu Kirjasuo, P5, Administration and Finance Officer

Dr Andrew Kunzmann, P3, Epidemiologist

Dr Blanca Indave Ruiz, P3, Systematic Reviewer

Dr Nadya Dimitrova, P2, Public Health Officer

Dr Adalberto Miranda Filho, P2, Scientist

Mr Mohamed Atteya, P2, Associate Human Resources Officer

Dr Julia Slone-Murphy, P2, Technical Editor

Dr Ravivarman Lakshmanasamy, P2, Public Health Officer

Dr Farida Selmouni, P2, Public Health Officer

Dr Anastasia Chrysovalantou Chatziioannou, P1, Scientist

Dr Xiaoshuang Feng, P1, Scientist

Dr Rubana Islam, P1, Scientist

Dr Elysse Bautista, P1, Project Officer

Dr Alexandra Sexton-Oates, P1, Scientist

Dr Andrea Gini, P1, Scientist

Mr Corentin Chaboud, P1, Project Management Officer

Mr Nils Viala, LY6, Budget Assistant

Mr Jean-Sébastien Roch, LY6, Network and Communication Administrator

Mr Germain Deroche, LY5, Scientific IT Systems Analyst

Mr Alexis Schreiber, LY5, Linux System Analyst

Mr Fabien Mention, LY5, Business Application Developer

Ms Laura Croze, LY5, Administrative Assistant

Ms Cécile Claude Monnier, LY4, Project Assistant

Mr David Pierre Boquin, LY4, Procurement Assistant

Mr Arthur Quenéchdu, LY4, Research Assistant

Ms Camille Bou, LY4, Administrative Assistant

Ms Géraldine Bocquet-Dumont, LY4, Research Assistant

Ms Elke Niehaus, LY4, Project Assistant

Ms Erika Ferrand-Cooper, LY4, Learning Events Assistant

4.5 IARC Advisory Groups and learning programmes

184. The IARC Equity and Diversity Advisory Group (EDAG) was established in 2020 to focus on institutional challenges of inclusion and diversity at IARC.

185. In 2024 EDAG organized multiple initiatives to strengthen diversity, equity and inclusion at IARC, including:

- A round-table discussion for International Women's Day 2024 jointly organized by EDAG and the Respectful, Safe and Healthy Work Environment (RSHWE) initiative,
- A staff afterwork event,
- A panel discussion on Equity, Diversity and Inclusion (EDI) with two external presenters, from Cancer Research UK and the Office of Product Evaluation and Quality (OPEC), FDA, involved in implementing EDI initiatives,
- A disability awareness activity to mark the International Day of Persons with Disabilities, and
- An opening of discussions with other groups at other organizations.

186. Two IARC scientists are among the nine early career scientists chosen by the Division of Cancer Prevention (DCP) of the United States National Cancer Institute (NCI) to participate in the DCP Early Career Scientist Spotlight Research Seminar Series.

187. As part of the Learning and Development Framework implementation, nearly 70% of personnel engaged in recommended learning and development activities in 2024. Expanding on the 2023's initiatives to promote lifesaving first-aid techniques for effective emergency response in both the workplace and personal setting, the Agency reinforced its commitment to promote a healthy and safety work environment through several psychological first aid trainings delivered by WHO Staff Health and Well-being team members. These sessions aimed to equip IARC colleagues with essential techniques and skills to effectively support individuals experiencing distress. Furthermore, webinars offered by WHO colleagues related to mental health, resilience, respectful workplace were attended by more than 110 colleagues. Building on the team coaching efforts initiated in 2023, two teams took part in strength-based team level exercises aiming to discover natural team dynamics and maximize each team member's unique strengths. In addition to the individual coaching sessions, these initiatives aimed at offering support to supervisors, managers, and their teams in strengthening interpersonal relationships, promoting teamwork, and ensuring each team member is aware of their contribution to the workplan.

188. The Human Resources Office (HRO) and the Learning and Capacity Building Branch (LCB) are strongly committed to offering face-to-face interaction-based and trainer-led learning activities, whenever feasible. Throughout 2024, a total of 33 recommended trainer-led learning sessions were provided by HRO and LCB, attended by 422 participants, as detailed in **Table 13**. Close to 120 training completions were recorded in project management, including face-to-face sessions led by WHO Project Management School of Excellence. These trainings focused on foundational competencies required to manage projects and navigate stakeholders through the change associated with projects. The self-paced online project management courses have reinforced the implementation of project

management principles, supporting the Agency's transition toward a project and activity-based work environment.

189. As of the beginning of 2025, compliance rates for two mandatory online trainings on cybersecurity awareness and prevention of cyber-attack exceeded 88%. The mandatory data protection general awareness training had a compliance rate of 96%, demonstrating strong alignment with data protection standards. In line with the Agency's commitment to integrity, ethics, and professionalism, the recently launched ethics empowerment mandatory training reached a 95% compliance rate. Similarly, mandatory trainings on abusive conduct and sexual misconduct recorded a 94% compliance rate, aiming to equip IARC personnel with the necessary tools to prevent and address such behaviours. Furthermore, 63 completions were noted for online learning and awareness sessions on integrity, accountability, and ethical professional conduct, reinforcing the importance of ethical standards, transparency, and fraud prevention. Efforts in 2025 will concentrate on further discussions on policies, frameworks, and best practices related to professional conduct and collaborative work environments, with a focus on strengthening reporting mechanisms and fostering open dialogue on challenges related to ethical and professional conduct.

190. In the context of the review of the IARC Postdoctoral Charter and as part of the Quality of Work Life initiative, a specific working group was established to identify the key elements of effective supervisory practice at IARC. The effort resulted in the publication of the IARC Good Supervisory Practice Framework in 2024, serving as both a reference guide and a developmental tool. At individual level, the framework aims to function as a self-assessment and self-monitoring tool, enabling supervisors to recognize their strengths and areas for improvement. At the Agency level, the framework provides an important input to identify key learning and development needs. Designed with a growth mindset, the framework supports supervisors in the development of their supervisory practice in an open and safe environment. To facilitate implementation, several briefing and discussion sessions were conducted, providing supervisors with guidance on the framework's content and practical application. This initiative seeks to foster a collaborative and empowering work culture by aligning supervisory expectations with the Agency's priorities.

191. Between the end of 2023 and mid-2024, four Workplace Well-being (WWIn) meetings were held to discuss various cases brought to the attention of WWIn members. These meetings addressed issues related to workplace relationships, abuse of authority, harassment, work-related health concerns, and organizational management. However, meetings were suspended due to the relocation of the IARC staff physician. Key recommendations included implementing the IARC Good Supervisory Practice Framework, providing ongoing communication trainings, reviewing contract extension policies and practices, and enhancing support for medical services. In response, efforts in 2025 will focus on developing an online self-assessment tool based on the IARC Good Supervisory Framework. By guiding supervisors through a structured reflection process, the tool will help them recognize and address their strengths and development needs.

ANNEXES

Tables and Figures *are listed in order of appearance in the text*.

Table 1: Total article output and percentage of peer-reviewed papers

Year	Peer-reviewed articles	Reviews	Other	Total
2020	387 (82%)	43	40	470
2021	350 (82%)	41	35	426
2022	319 (79%)	45	42	406
2023	293 (78%)	42	39	374
2024	267 (82%)	34	26	327

Table 2: IARC h-index for 2024 and for a five-year period (2019–2024)

	2024 output	Five-year output (2020–2024)
Number of articles	327	2061
Sum of the times cited	5912	155 806
Average citations per item	18.08	75.6
h-index	16	104

Table 3: IARC top 10 most cited articles published in 2024 (as of 3 March 2025)

Title	Total times cited
Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries	3986
Global age-sex-specific mortality, life expectancy, and population estimates in 204 countries and territories and 811 subnational locations, 1950–2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021	384
Global, regional, and national burden of disorders affecting the nervous system, 1990– 2021: a systematic analysis for the Global Burden of Disease Study 2021	359
The Lancet Commission on prostate cancer: planning for the surge in cases	100
Carcinogenicity of perfluorooctanoic acid and perfluorooctanesulfonic acid	92
International Anal Neoplasia Society's consensus guidelines for anal cancer screening	90
Global, regional, and national lifetime risks of developing and dying from gastrointestinal cancers in 185 countries: a population-based systematic analysis of GLOBOCAN	53
Food additive emulsifiers and the risk of type 2 diabetes: analysis of data from the NutriNet-Sante prospective cohort study	27
Association of glycaemic index and glycaemic load with type 2 diabetes, cardiovascular disease, cancer, and all-cause mortality: a meta-analysis of mega cohorts of more than 100 000 participants	26
Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States of America, 2019	24

Table 4. Top 10 collaborating countries with IARC in 2024 (based on co-authored publications).

Country	Number of publications co-authored with IARC
UK	176
USA	168
Germany	105
France	104
Spain	101
Italy	87
Netherlands	81
Sweden	74
Canada	67
Denmark	59

Table 5. Top 10 institutional collaborators of IARC in 2024 (based on co-authored publications).

Institution	Number of publications co-authored with IARC
Imperial College London	80
NIH - National Cancer Institute (NCI)	66
German Cancer Research Center (DKFZ)	65
INSERM	63
Harvard University	48
CIBER - Centro de Investigación Biomédica en Red	47
University of London	42
Karolinska Institute	39
University of Copenhagen	39
Utrecht University	39

Figure 1: Altmetric database summary report of IARC 2024 output.

Table 6. List of the 25 articles published in 2024 that achieved a high Altmetric score, exceeding 500

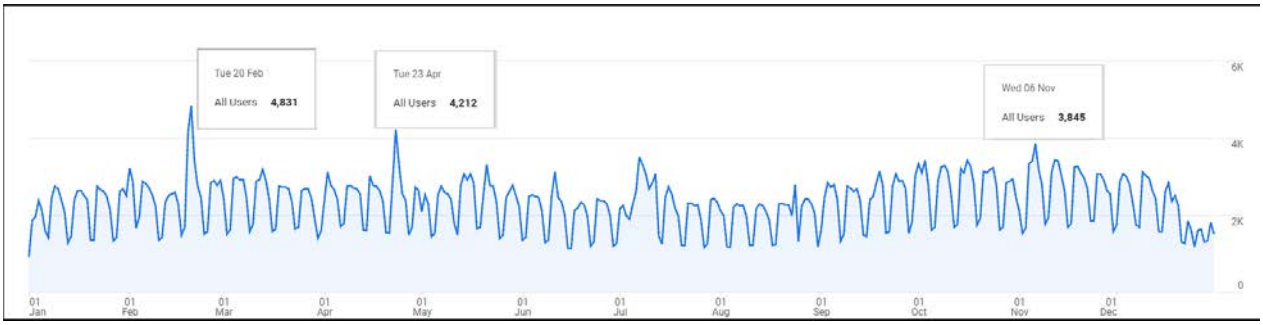
Title	Attention score
Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States of America, 2019	2647
Colorectal cancer incidence trends in younger versus older adults: an analysis of population-based cancer registry data	1988
Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries	1817
Implications of food ultra-processing on cardiovascular risk considering plant origin foods: an analysis of the UK Biobank cohort	1466
Posdiagnosis adiposity, physical activity, sedentary behaviour, dietary factors, supplement use and colorectal cancer prognosis: Global Cancer Update Programme (CUP Global) summary of evidence grading	1173
Coffee consumption is associated with a reduced risk of colorectal cancer recurrence and all cause mortality	1122
Identifying therapeutic targets for cancer among 2074 circulating proteins and risk of nine cancers	954
The Lancet Commission on prostate cancer: planning for the surge in cases	921
Food additive emulsifiers and the risk of type 2 diabetes: analysis of data from the NutriNet-Santé prospective cohort study	790
Food consumption by degree of food processing and risk of type 2 diabetes mellitus: a prospective cohort analysis of the European Prospective Investigation into Cancer and Nutrition (EPIC)	780
Estimated impact of a tobacco-elimination strategy on lung-cancer mortality in 185 countries: a population-based birth-cohort simulation study	714
Carcinogenicity of talc and acrylonitrile	645
Genetic architecture of alcohol consumption identified by a genotype-stratified GWAS and impact on esophageal cancer risk in Japanese people	541
Markers of imminent myocardial infarction	524

Table 7: Visitors to IARC websites in 2024 (in brackets corresponding figures in 2023)

Website	*Total visitors*	*Average visitors/day*	*Total visits*	*Average visits/day*
www.iarc.who.int *IARC Publications*	*673 043 (653 125)* *365 698 (337 952)*	*1843 (1789)* *1002 (926)*	*998 318 (931 580)* *524 206 (482 642)*	*2735 (2552)* *1436 (1322)*
Monographs	*309 639 (321 541)*	*849 (881)*	*513 636 (465 138)*	*1407 (1274)*
Global Cancer Observatory	*931 066 (597 998)*	*2550 (1638)*	*1 835 047 (1 207 423)*	*5027 (3308)*

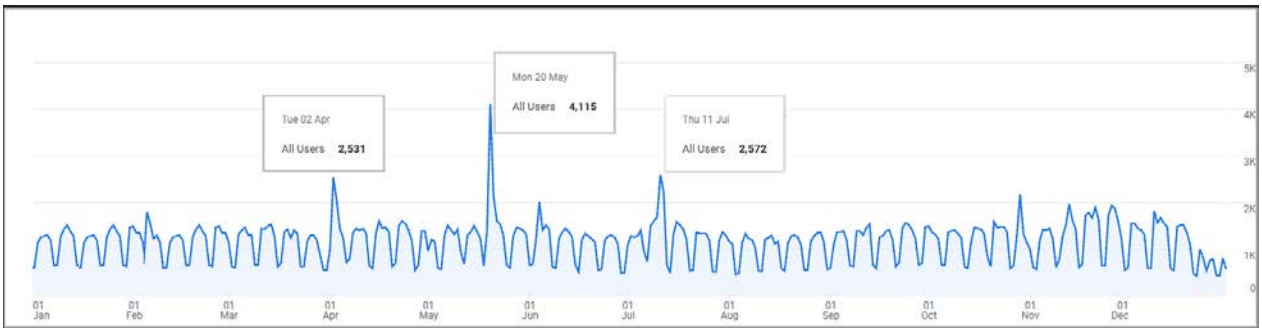
Visitor/User: A user that visits a given site. The initial session by an individual user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional visitors. Visit/Session: The number of times a visitor has been to the site (number of individual sessions initiated by all visitors).
If a user is inactive on the site for 30 minutes or more, any future activity will be attributed to a new session.

Figure 2: Number of visitors to the IARC website in 2024



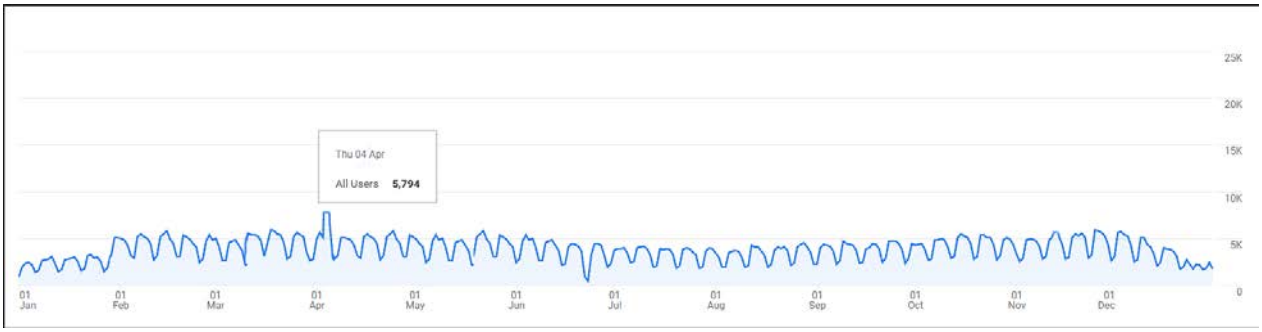
- The peak of 4831 visitors (on 20 February 2024) is after the publication of the news item "New training course opportunity: Statistical Practice in Epidemiology using R"
- The peak of 4212 visitors (on 23 April 2024) is due to a large number of visits to the "main IARC website homepage" and the "Cancer Topics - Skin cancer" webpage
- The peak of 3845 visitors (on 6 November 2024) is after the publication of the news item "IARC Summer School 2025: Call for applications is now open" and is due to a large number of visits to "Q&A on the carcinogenicity of the consumption of red meat and processed meat"

Figure 3: Number of visitors to the IARC Monographs website in 2024



- The peaks of 2351, 4115, and 2572 visitors on 2 April 2024, 20 May 2024, and 11 July 2024, respectively, are due to a large number of visits to the following webpages: https://monographs.iarc.who.int/list-of-classifications and https://monographs.iarc.who.int/agents-classified-by-the-iarc/

Figure 4: Number of visitors to the Global Cancer Observatory (GCO) website in 2024



- The peak of 5794 visitors (on 4 April 2024) is after the publication of the news item "New report on global cancer burden in 2022 by world region and human development level"

Table 8: Most popular downloads from the IARC Publications website ranked by 2024 data and corresponding figures in 2023

Item	Number of downloads	
	2024	2023
Monographs Volume 71: Re-evaluation of Some Organic Chemicals, Hydrazine and Hydrogen Peroxide (Part 1, Part 2, Part 3)	79 519	42 751
Scientific Publication No. 163: Molecular Epidemiology: Principles and Practices	68 400	63 934
Monographs Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1–42	51 833	27 004
Cancer Epidemiology: Principles and Methods	46 325	35 927
Monographs Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	46 093	34 226
Monographs Volume 88: Formaldehyde, 2-Butoxyethanol and 1-tert-Butoxypropan-2-ol	41 120	10 718
Technical Publication No. 45: Colposcopy and Treatment of Cervical Precancer	39 042	25 465
Scientific Publication No. 165: Tumour Site Concordance and Mechanisms of Carcinogenesis	30 281	18 571
Monographs Volume 54: Occupational Exposures to Mists and Vapours from Strong Inorganic Acids; and Other Industrial Chemicals	27 224	5503
Monographs Volume 79: Some Thyrotropic Agents	26 801	20 178
Monographs Volume 53: Occupational Exposures in Insecticide Application, and Some Pesticides	25 606	8101
Technical Publication No. 42: Identification of research needs to resolve the carcinogenicity of high-priority IARC carcinogens	24 131	11 511

Table 9: Education and Training – IARC Fellowships

Year	No. of IARC Fellowships awarded[a]	No. of Fellows from LMICs
2014	21 (13 + 8)	12
2015	22 (10 + 12)	13
2016	17 (7 + 10)	10
2017	14 (7 + 7)	12
2018	7 (0 + 7)	6
2019*	7 (7 + 0)	7
2020	9 (2 + 7)	9
2021	9 (7 + 2)	9
2022	8 (1 + 7)	8
2023	9** (9 + 0)	9
2024	9** (0 + 9)	9

Post-doctoral fellowships (new + second year renewals), including IARC-Australia and IARC-Ireland Fellows in 2014–2015

**Since 2019, only candidates from LMICs have been eligible to apply*

*** Including two fellowships of one year each*

Table 10: Education and Training – IARC Courses

Year	No. courses organized	No. different countries	No. courses in LMICs	No. participants
2013	15	7	8	566
2014	17	14	12	576
2015	24	14	11	647
2016*	36	23	19	1410
2017	32	16	15	1324
2018	26	14	11	763
2019	28	18	15	1083
2020*	16	Online		868
2021	21	Online		1851
2022	26	Mostly online		1145
2023	45	Mostly online		2645
2024	34	Several online		1839

** Figures differ slightly from those presented in a previous Director's report to the Governing Council, as some additional data were received after its conclusion.*

Table 11: Extrabudgetary funding

Year	Number of applications	Number of signed contracts	Total value of signed contracts[a] (in Euros)	Value attributed to IARC (in Euros)	Voluntary contribution expenditure[b] (in Euros)
2017	193	65	38 931 975	11 855 145	11 357 348
2018	204	68	20 987 750	9 183 834	13 362 692
2019	236	81	41 488 350	12 408 032	14 365 018
2020	236	94	20 072 571	12 337 370	13 017 438
2021	245	101	36 179 741	19 037 426	13 110 514
2022	203	123	70 342 245	24 378 699	18 776 046
2023	207	109	72 865 808	20 416 518	20 136 952
2024	219	150	35 626 537	17 605 959	24 010 696

[a] *The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.*

[b] *Voluntary contribution expenditure as reported in the IARC Financial Report and Financial Statements, which includes amount passed through to partners for IARC coordinated projects.*

Figure 5: Percentages of expenditure on regular budget and voluntary contributions

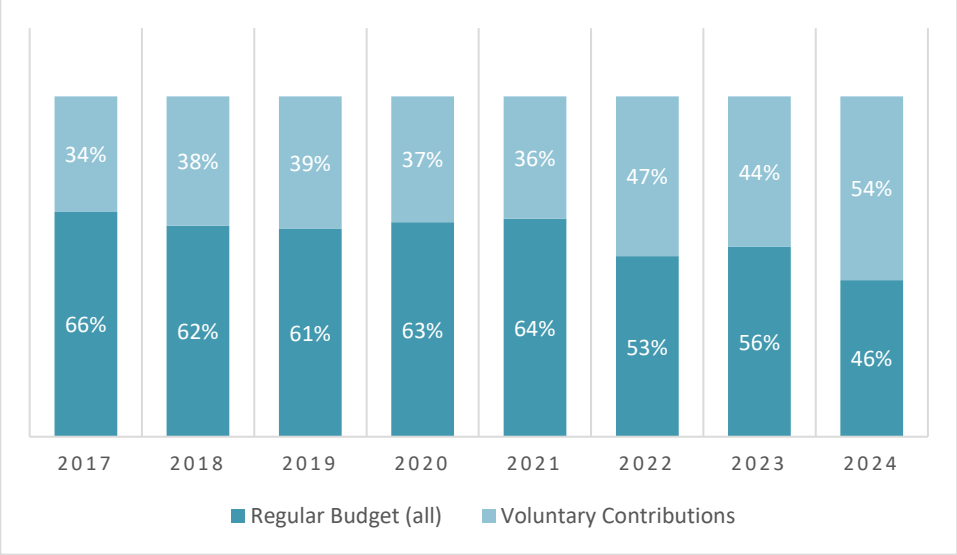


Figure 6: Value of contracts signed in 2024 and top 10 funders (amount in million euros)

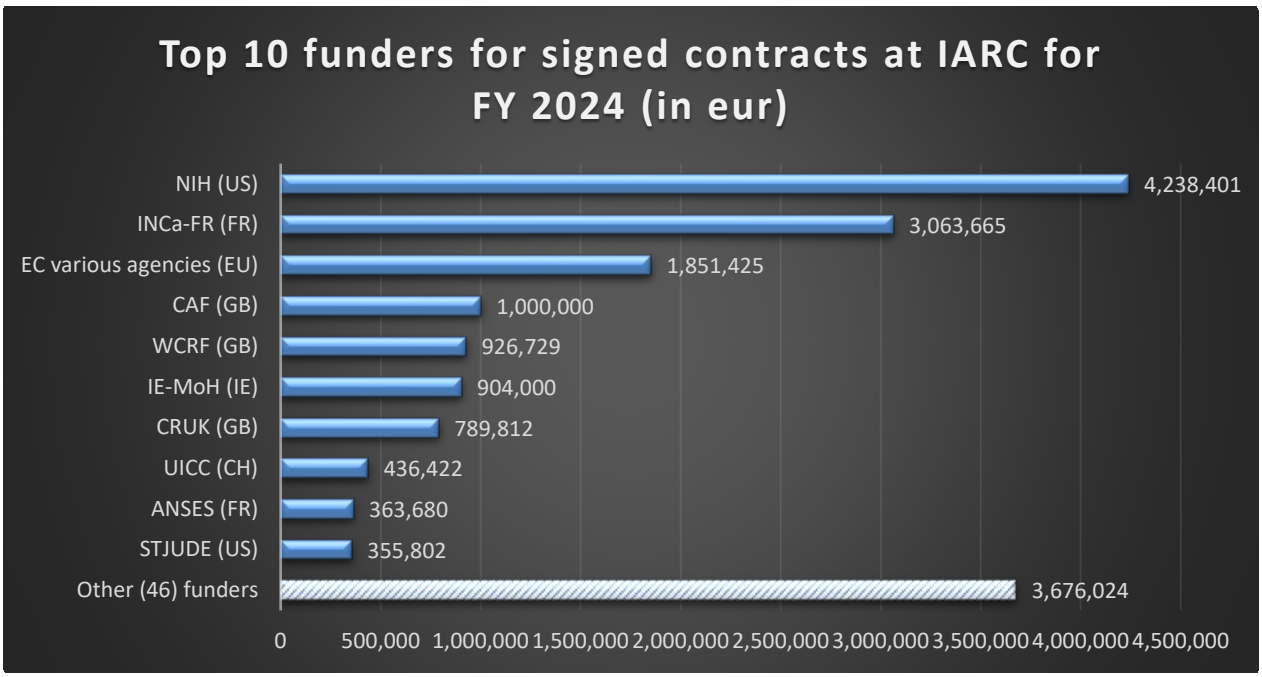


Table 12: Evolution of staff positions since 2015 to date

Year	Total Staff	P Total	P Male	P Female	GS Total	GS Male	GS Female	Fixed Term	Temporary	RB Funded
2015	228	99	45	54	120	30	90	219	9	158.3
2016	235	103	49	54	118	29	89	221	14	158.2
2017	241	106	48	58	125	32	93	231	10	158.2
2018	237	102	49	53	131	33	98	233	4	158.8
2019	249	106	50	56	134	38	96	240	9	158.8
2020	240	103	50	53	129	35	94	232	8	154.2
2021	238	98	47	51	124	34	90	222	16	154.2
2022	231	87	41	46	118	32	86	205	26	153.2
2023	232	90	38	52	117	30	87	207	25	153.2
2024	237	98	39	59	116	30	86	214	23	150.7
2025	250	109	43	66	123	35	88	232	18	150.7

Figure 7: Evolution of all staff types since 2015

Figure 7a: Staff funded on the regular budget

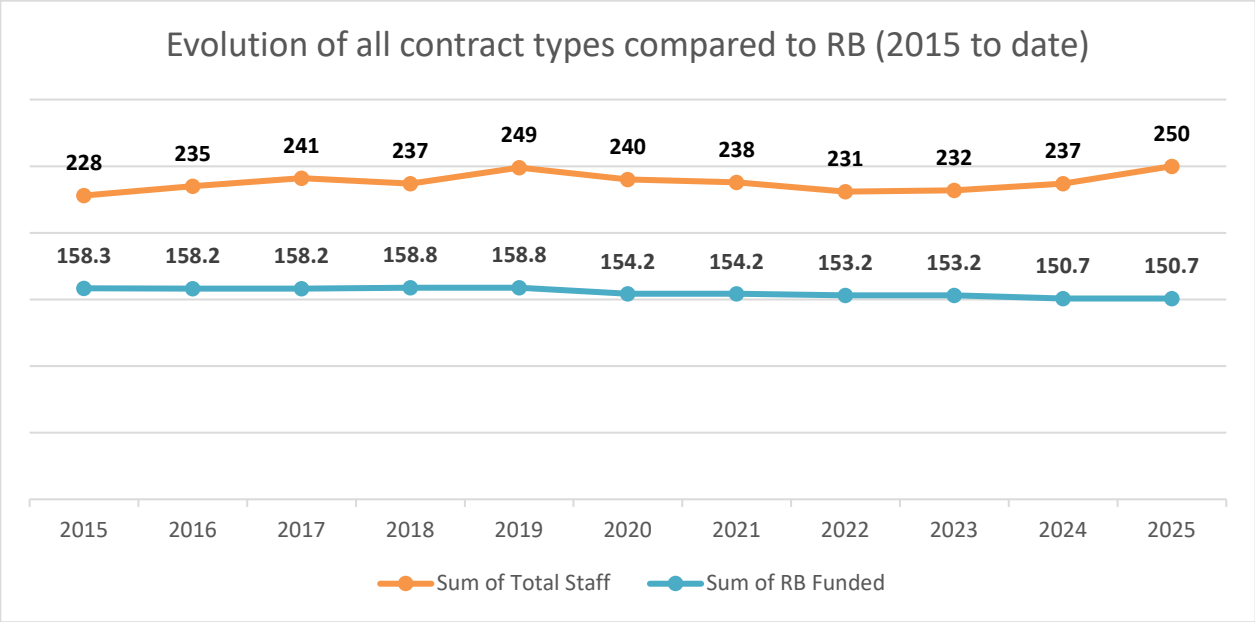


Figure 7b: Temporary versus fixed-term staff

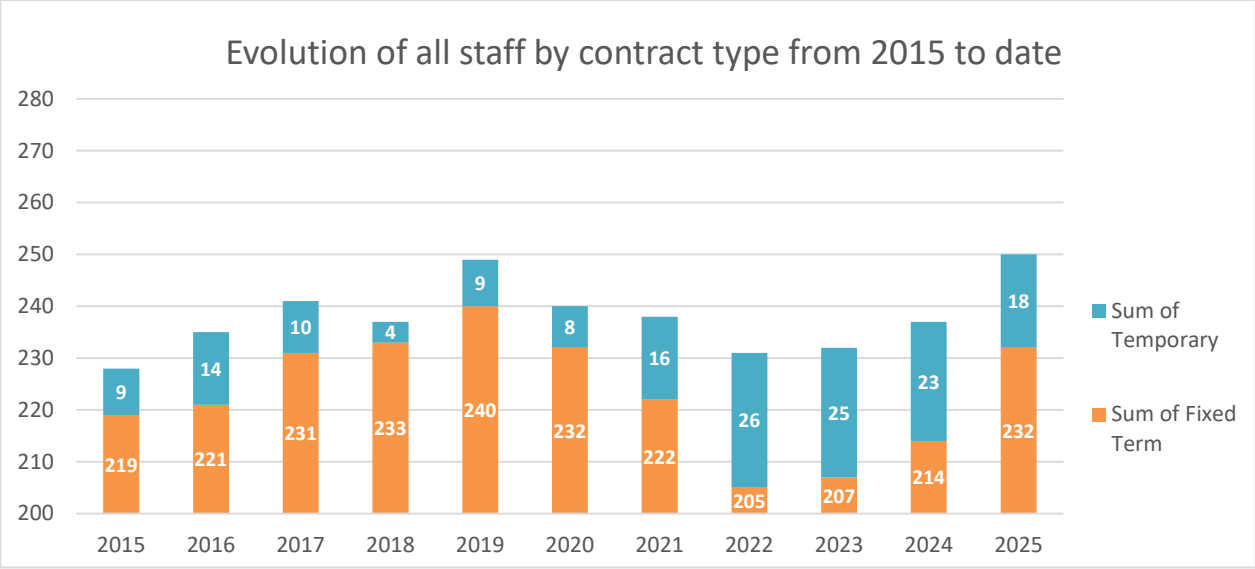


Figure 7c: General Services (GS) versus Professional (P) staff

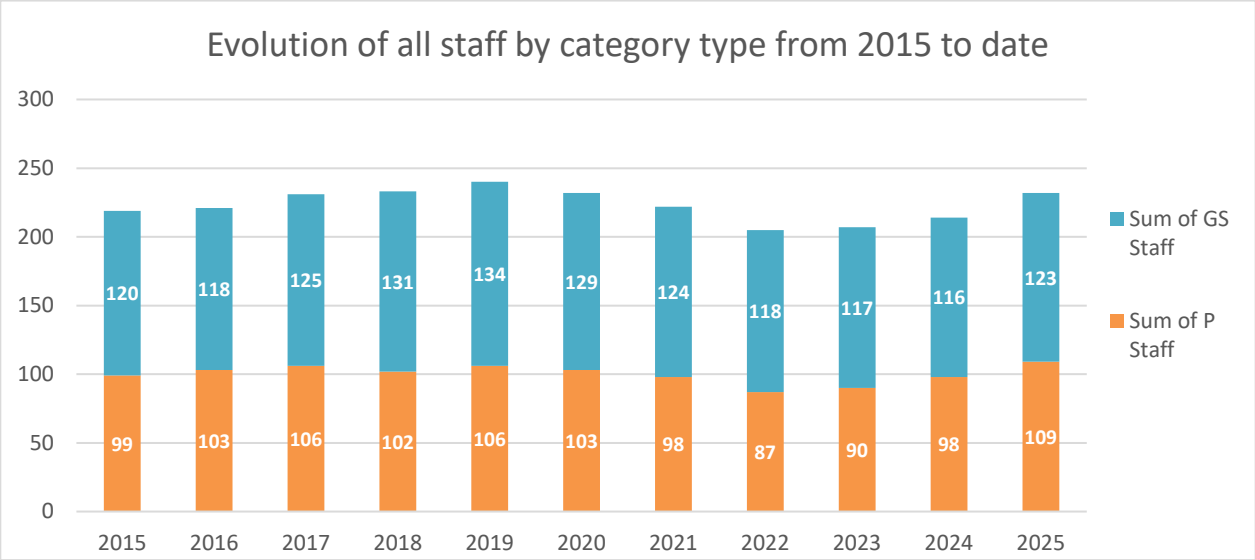
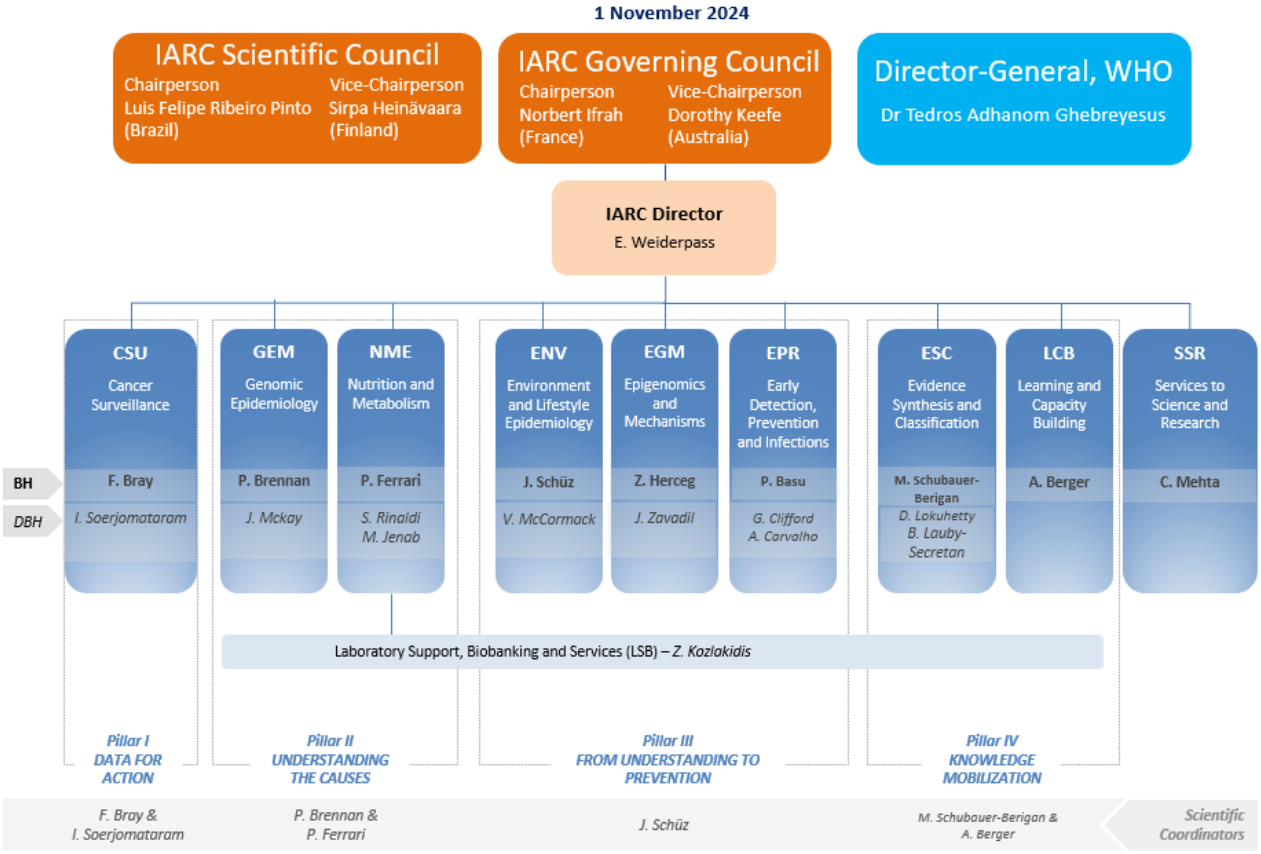


Table 13: Trainer-led activities (Face-to-face or online) organized in 2024 (in brackets corresponding figures in 2023)

Type of training	No. of training session	No. of participants	
		Staff members	Early career and Visiting Scientists (ECVS)
Core competencies training	19 (19)	96 (185)	74 (72)
Job-specific training	12 (10)	70 (66)	171 (79)
Managerial and leadership training	5 (2)	69 (29)	1 (0)
Total	36 (31)	235 (280)	246 (151)

Figure 8: IARC Organizational Structure



BH = Branch Head
DBH = Deputy Branch Head