Director's response to the Early Detection, Prevention and Infections (EPR) Branch Review

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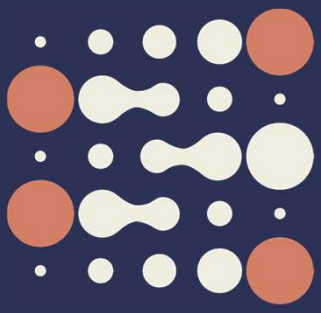
Scientific Council, Sixty-second Session
Lyon 11–13 February 2026

International Agency for Research on Cancer
World Health Organization



The following slides present the Director's response to the Early Detection, Prevention and Infections Branch (EPR) Review, which was conducted remotely in January 2025.

Overall recommendations for EPR

The RP suggested the **following scientific portfolio recommendations** for the Secretariat's consideration:

- *Achieve greater strategy, cohesion, prioritization, and balance across the EPR portfolio.*
- *Continue to support and more strongly integrate the EPR portfolio focused on prevention of infection-related cancers, including gastric cancer, with other workstreams.*
- *Increase efforts to build institutional research capacity within Low- and Middle-Income Countries (LMICs) partners.*
- *Continue to expand the implementation research portfolio and continue to engage external expertise as required (e.g. behavioural science, health economics) to support this work.*
- *Develop a strategic framework for pursuing EPR research opportunities incorporating new tools and technologies (e.g. artificial intelligence (AI), large language models, multicancer early detection).*
- *Pursue more community-engaged and citizen science opportunities with integration of patient and community perspectives at all stages of research.*
- *Continue to strengthen the essential support IARC provides to key WHO cancer initiatives.*
- *Consider expanding CanScreen5 and provide permanent funding for it.*

Overall recommendations for EPR - Answer

Achieve greater strategy, cohesion, prioritization, and balance across the EPR portfolio.

- Preparation of new MTS enabled a full review and prioritization of all projects.
- **Prioritization criteria**:
  - ➔ Scientific relevance
  - ➔ Strong alignment with IARC's mission
  - ➔ Growing visibility and influence
  - ➔ Ability to address emerging cancer burdens or research gaps
- Examples of high-priority projects:
  - ➔ Implementation research projects
    - ❑ **CanScreen5**
    - ❑ **CHRONOS initiative** – evaluates health and economic impact of HPV vaccination in LMICs
    - ❑ **METHIS initiative** – supports local public health decision-makers with predictive modeling
  - ➔ AI in cancer early detection
- Creation of Teams within the Branch fosters cohesion across projects with similar goals.

The preparation of new MTS has provided the EPR Branch an opportunity to review all their projects and prioritize them based on their scientific relevance, strong alignment with IARC's mission, growing visibility and influence and capability to address emerging cancer burdens or emerging research priorities or gaps.

Examples of research projects considered as 'high priority' include implementation research projects, CanScreen5, CHRONOS initiative, aimed at the evaluation of health-and economic-related impact of HPV vaccination in programmes in LMICs, METHIS initiative, aimed at supporting local public health decision makers with evidence-based and context-specific predictive modelling, AI in cancer early detection etc.

Different Teams created within the Branch help building better cohesion across various research projects with similar goals.

Overall recommendations for EPR - Answer

Continue to support and more strongly integrate the EPR portfolio focused on prevention of infection-related cancers, including gastric cancer, with other workstreams.

- Primary and secondary prevention of cervical cancer (including women living with HIV), other HPV-related cancers, and gastric cancer are priorities within EPR's research portfolio
- Major evidence-synthesis projects on gastric cancer prevention have been launched
- Landmark trials are underway to provide definitive evidence on primary prevention of gastric cancer
- Large international collaborations are ongoing in metabolomics and gastric cancer research
- New research has been initiated to assess the role of the microbiome in the natural history of cervical cancer

Primary and secondary prevention of cervical cancers especially in women living with HIV, other HPV related cancers and gastric cancers are already included in EPR's prioritized research projects. Major projects to sysnthesize evidence on primary and secondary prevention of gastric cancers have been launched, together with ongoing landmark trials which will provide conclusive evidence on the primary prevention.

Largest international collaborations are successfully ongoing on metabolomics and gastric cancer. We have initiated research to evaluate association between microbiome and matural history of cervical cancer.

Overall recommendations for EPR - Answer

Increase efforts to build institutional research capacity within LMIC partners.

- EPR makes substantial investments in research capacity building in LMICs, both within and beyond research projects
- Capacity-building–focused projects include:
  - **CHRONOS**: strengthening capacity to assess the impact of HPV vaccination
  - **EASTER**: training colposcopists and laboratory technicians
  - **Implementation research studies**: building skills in implementation research, data analysis, and related methods
- Capacity-building activities *outside research projects* include cancer control summer schools at IARC and in partner countries (e.g. Morocco)
- **CanScreen5** incorporates strong capacity building in both cancer research and programme implementation

EPR invests significantly to build research capacities in the LMICs within and outside of framework of research projects. Examples of research projects that have strong component of capacity building are CHRONOS (building capacity to be able to assess impact of HPV vaccination), EASTER (training of colposcopists and lab technicians), implementation research studies (building capacity to conduct implementation research, data analysis etc.).

Examples of capacity building exercise outside research projects are summer schools on cancer control at IARC and in some of the participating countries (e.g. Morocco). CanScreen5 project has a strong component of building capacity both in cancer research and programmatic aspects.

Overall recommendations for EPR - Answer

Continue to expand the implementation research portfolio and continue to engage external expertise as required (e.g. behavioural science, health economics) to support this work.

- EPR leads multiple ongoing implementation research projects (e.g. ACCI, CBIG-SCREEN, HPV-FASTER IMPLEMENT, PRAISE-U, ICSIS, UY-LUNGS, EUROHELICAN, TOGAS)
- Projects use mixed methods, including behavioural research and health economics
- The **METHIS platform** provides context-specific health economic assessments
- Local data on cancer-related financial toxicity are collected within this initiative
- Gaps in in-house expertise are addressed through strategic collaborations, postdoctoral training, and engagement of visiting scientists and consultants
- Example: **EU-GAINS** collaboration with Erasmus MC using a Europe-wide gastric cancer model

EPR already has several ongoing projects in implementation research (ACCI, CBIG-SCREEN, HPV-FASTER IMPLEMENT, PRAISE-U, HPV-Pernambuco, ICSIS, UY-LUNGS, EUROHELICAN, TOGAS etc.) and these projects involve studies with mixed methodology, behavioural research, health economics.

One of the key components of the METHIS platform is designed to provide context-specific health-economic assessments. In addition, in the framework of this initiative we collect local data related to financial toxicity of cancer.

The absence of designated scientists in behavioural research and health economics is made up by setting up collaborations with institutions having appropriate expertise and by training post-doctoral fellows and collaborating with visiting scientists and consultants with expertise in these fields depending on requirements of the projects.

Examples include EU-GAINS where we work with Erasmus MC with their gastric cancer model that has been developed for Europe within other European countries.

Overall recommendations for EPR - Answer

Develop a strategic framework for pursuing EPR research opportunities incorporating new tools and technologies (e.g. artificial intelligence (AI), large language models, multicancer early detection).

- EPR will continue AI-focused projects despite limited in-house expertise (e.g. **EASTER**, **AppDATE-U**, **TOGAS Plus**)
- EPR will explore new funding opportunities for AI research
- EPR will join a large consortium to develop AI-based radiology and pathology diagnostics for clinically significant prostate cancer
- EPR will lead a task within **TOGAS Plus** to evaluate AI applications in new cancer screening implementation
- EPR will expand microbiome research with potential integration into **large language models** for prediction and prognostication

Despite our limited in-house capabilities in these areas EPR will continue their existing projects on AI (such as EASTER, AppDATE-U, TOGAS Plus) and explore new funding opportunities.

EPR will be part of a large consortium to develop AI based radiological and pathological diagnostics for clinically significant prostate cancers. Within TOGAS Plus that is the largest consortium that we plan on gastric cancer prevention, EPR will lead a task that will be addressing the potential of AI solutions in new cancer screening implementation.

EPR is also expanding the scope of microbiome research that has the possibility of incorporating such data into large language models for predictions and prognostications.

Overall recommendations for EPR - Answer

Pursue more community-engaged and citizen science opportunities with integration of patient and community perspectives at all stages of research.

- All implementation science projects feature strong **stakeholder engagement**
- European Commission initiatives on cervical and gastric cancer emphasize **people-centric outcomes** (e.g. equity, acceptability)
- **Patient representatives** are included in project working groups
- Patterns of care and intervention studies measure **quality of life**
- Developing a framework for **ethical use of trustable AI models**

All our implementation science research projects have strong stakeholder engagement. The European Commission Initiatives on cervical and gastric cancer being led by IARC are producing recommendations for the EU member states with a strong focus on people-centric outcomes such as equity and acceptability.

We have patients's representatives in the working group for both the projects. Our patterns of care studies and some of the intervention studies incorporate measuring the quality of life – a key people-centric outcome.

Additionally, we are developing a framework for ethical use of trustable AI models.

Overall recommendations for EPR - Answer

Continue to strengthen the essential support IARC provides to key WHO cancer initiatives.

- EPR projects on **breast, cervical, and paediatric cancers** are aligned with WHO initiatives
- Generating evidence to inform **WHO-led programs**
- Initiated **patterns of care studies** to assess delays in care pathways, determinants of delays, and impact on survival
- Ongoing discussions with WHO to **strengthen collaboration** on gastric cancer prevention

EPR projects on breast, cervical and paediatric cancers are well aligned with the WHO initiatives and continue to generate valuable evidence to inform these initiatives.

We have initiated patterns of care studies to measure the delays in pathway of care, the determinants of such delays and impact on survival for all three cancers.

We are also in discussion with WHO on strenghtening collaborations on gastric cancer prevention.

Overall recommendations for EPR - Answer

Consider expanding CanScreen5 and provide permanent funding for it.

- **CanScreen5** identified as a flagship project by IARC
- Regular budget allocated for **2026–2027 biennium**
- Project now covers **over 120 countries**

IARC has identified CanScreen5 as a flagship project with regular budget allocated to the project in the biennium 2026–2027. Continued activities in the project has enabled us to cover more than 120 countries in the project.

Thank you

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