International Agency for Research on Cancer

World Health Organization

Governing Council
Sixty-eighth Session

Lyon, 27–28 May 2026
Hybrid format

GC/68/3
31 March 2026

DIRECTOR'S REPORT

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ACRONYMS AND ABBREVIATIONS

Scientific / Technical

- **ALL** – Acute Lymphoblastic Leukaemia
- **AYA** – Adolescents and Young Adults
- **BM** – Body Mass Index
- **EBV** – Epstein–Barr Virus
- **HPV** – Human Papillomavirus DNA
- **ICD-11** – International Classification of Diseases, 11th Revision
- **ICD-O-4** – International Classification of Diseases for Oncology, 4th Edition
- **IICC-3** – International Incidence of Childhood Cancer, Volume III
- **UV** – Ultraviolet

Programmes / Platforms / Initiatives

- **BCNet** – Biobanking and Cohort Building Network
- **CanScreen5** – Cancer Screening in Five Continents
- **CEROPAL** – Centre of Expertise for Cancer Registration for Lusophone African Countries
- **CHRONOS** – Global HPV Vaccination Impact Monitoring Platform
- **DECAN** – DElays in CAncer care in Nepal
- **ECSA** – Early Career Scientists Association
- **ERP (Quantum)** – Enterprise Resource Planning system
- **HEAP** – Human Exposome Assessment Platform
- **IRCC** – IARC Initiative for Resilience in Cancer Control
- **LSB** – Laboratory Support, Biobanking, and Services
- **SURVCAN** – Childhood Cancer Survival Visualization Platform

Organizations / Institutions

- **ANSES** – French Agency for Food, Environmental and Occupational Health & Safety
- **AORTIC** – African Organisation for Research and Training in Cancer
- **CDC** – Centers for Disease Control and Prevention
- **CIHR** – Canadian Institutes of Health Research
- **CRUK** – Cancer Research UK
- **DKFZ** – German Cancer Research Center
- **FAO** – Food and Agriculture Organization of the United Nations
- **INCa** – Institut National du Cancer (France)
- **INSERM** – French National Institute of Health and Medical Research
- **NCI** – National Cancer Institute
- **NICE** – National Institute for Health and Care Excellence
- **PAHO** – Pan American Health Organization
- **UNDP** – United Nations Development Programme

Policy / Governance / Other

- **COFUND** – Co-funding mechanism (used in MSCA-COFUND context)
- **ERC** – European Research Council
- **IGOs** – Intergovernmental Organizations
- **MSCA** – Marie Skłodowska-Curie Actions
- **NOFOs** – Notices of Funding Opportunities
- **RB** – Regular Budget
- **ROPA** – Register of Processing Activities
- **SRAC** – Sustainable Research Agency Committee

EXECUTIVE SUMMARY

The Director's Report provides a comprehensive overview of the International Agency for Research on Cancer's (IARC) scientific achievements, collaborative partnerships, strategic engagements, and managerial developments since the previous Governing Council session in May 2025. It highlights major progress across IARC's research portfolio, its expanding global cooperation, and the organizational initiatives underpinning the implementation of the new Medium-Term Strategy 2026–2030.

Scientific highlights

The report presents key scientific advances across IARC's four Pillars — *Data for Action*, *Understanding the Causes*, *From Understanding to Prevention*, and *Knowledge Mobilization*. It showcases newly released Evidence Summary Briefs, the launch of new digital platforms and scientific resources, and recognition of IARC scientists through international distinctions. Updates on publications, training activities, and 2025 Key Performance Indicators further illustrate the Agency's continued leadership in global cancer research and capacity building.

Cooperation, Partnerships and Strategic Engagement

IARC's strengthened collaboration with the World Health Organization (WHO) is emphasized, including contributions to WHO global cancer initiatives and progress in revising the Standard Operating Procedure governing interactions between IARC and WHO regarding the *IARC Monographs* and *Handbooks*. The report also outlines high-level strategic partnerships, major international engagements, and the Agency's expanding resource mobilization efforts. Grant acquisitions and contractual developments over the past year are detailed, alongside an update on IARC's activities under the Framework of Engagement with Non-State Actors (FENSA).

Management

The report provides an overview of the forthcoming *Medium-Term Strategy (MTS) 2026–2030* and its accompanying strategic prioritization framework. It describes the administrative transformation underway to support its implementation, including the rollout of the Quantum Enterprise Resource Planning system, strengthened data protection measures, and broader modernization efforts. Updates on personnel, advisory bodies, and the IARC Learning Programme reflect the Agency's commitment to operational excellence and workforce development.

1. INTRODUCTION

1. Sixty years after its founding, IARC remains firmly guided by its core mission: **to bridge research and action for global cancer prevention**. This mission is more urgent than ever. Global cancer incidence is expected to nearly double by 2050, driven by persistent inequalities, rapid urbanization, climate and environmental pressures, digital transformation, and powerful commercial determinants of health. Yet the evidence is clear: **up to half of all cancers are preventable** through action on known risk factors and the implementation of proven interventions. Prevention is not only a public health imperative—it is a **high-value investment** that saves lives, strengthens health systems, and generates substantial economic returns.

2. Over the past year, international cooperation has continued to grow. **Portugal's admission as the 30th IARC's Participating State** at the 67th Governing Council session strengthened the Agency's multilateral foundation and demonstrated the expanding commitment of countries to support independent, globally relevant cancer science. IARC's active participation in major scientific and policy forums further reinforced its role as an authoritative convener at the interface of research, policy, and public health practice.

3. The year 2025 was marked by significant scientific progress and global engagement across IARC's four-Pillar model of cancer prevention—Data for Action, Understanding the Causes, From Understanding to Prevention, and Knowledge Mobilization. Breakthrough findings advanced understanding of cancer etiology, including the rising incidence of early-onset colorectal cancer across generations and emerging evidence on early-life exposures. New economic analyses underscored the magnitude of the challenge: **premature cancer deaths cost the global economy an estimated US$ 566 billion**, while 37% of new cancers are attributable to modifiable risk factors, reinforcing the urgent need for investment in prevention.

4. Major strides were made in translating evidence into action. Implementation research supported more equitable cancer control, with the CanScreen5 platform now covering screening data from 106 countries. **The 5th edition of the European Code Against Cancer** introduced, for the first time, **paired recommendations for individuals and policymakers**, strengthening population-level prevention. IARC also deepened its contributions to WHO's global initiatives, guiding cost-effective strategies for cervical cancer elimination and improved breast cancer outcomes globally.

5. Looking ahead, the forthcoming **MTS 2026–2030** charts an ambitious and future-ready path for IARC, with clear commitments to policy relevance, equity, and preparedness for emerging global trends. To ensure this ambition remains feasible under resource constraints, the Agency has introduced a rigorous **Strategic Prioritization Framework** that protects core scientific functions, identifies areas where progress depends on additional investments, and provides Participating States with transparent visibility on the implications of funding decisions.

6. Despite significant achievements, IARC faces **increasing strategic and financial pressures** that underscore the importance of sustained investment in its core scientific assets. Sustained investment in core scientific assets, particularly the *IARC Monographs* programme, is essential to maintain IARC's role as the world's independent authority on carcinogenic hazards and to safeguard evidence-based regulatory and public health actions.

7. As global demand for trusted cancer science continues to rise, **strengthened, predictable, and sustainable support from Participating States is critical** to ensure that IARC remains a world-leading hub connecting science, policy, and prevention. I look forward to constructive engagement with all Participating States during the Governing Council meeting in May 2026 as we collectively shape the future of global cancer prevention.

2. SCIENTIFIC HIGHLIGHTS[1]

The key scientific achievements since the last Governing Council session are organized according to the four IARC Pillar-model reflecting IARC's core activities outlined in the new MTS 2026–2030 *(*Document GC/68/13 and Annexes*).* This is followed by updates on new Evidence Summary Briefs, new IARC platforms and websites supporting research networks, as well as scientific honours and international distinctions. Finally, key performance indicators (KPIs) are presented.

2.1 Pillar I. Data for action

8. IARC estimated the global number of deaths that could have been avoided through primary prevention of five major cancer risk factors and improvements in early detection and curative treatment among people diagnosed with cancer in 2022. Using novel methodology developed at IARC, the study, published in *The Lancet Global Health*, found that almost **half (4.5 million or 48%) of the 9.4 million expected deaths among people diagnosed with cancer in 2022 are avoidable**. These findings underscore the substantial public health impact that could be achieved through strengthened prevention policies, earlier diagnosis, and more equitable access to effective cancer care worldwide. (https://doi.org/10.1016/S2214-109X(25)00494-2).

9. IARC and partner institutions highlighted substantial variations in survival among children diagnosed with cancer across predominantly low- and middle-income countries (LMICs) in different world regions, in a new study published in the *Journal of the National Cancer Institute (*https://doi.org/10.1093/jnci/djaf321).

> *"Cancer survival tells a striking story of global inequality. Although in high-income countries more than 80% of children with cancer survive at least 5 years after diagnosis, in selected LMICs the 5-year survival proportion is as low as 37%."*
>
> **Dr Isabelle Soerjomataram, Deputy Branch Head, Cancer Surveillance**

10. IARC, in collaboration with the International Association of Cancer Registries (IACR), has published the latest volume of the *International Incidence of Childhood Cancer* series. *International Incidence of Childhood Cancer*, Volume III (IICC-3) presents the latest available data on new cases of childhood cancer around the world in a standardized form, along with a description of the methods and the context of data acquisition.

> *"This is the first global analysis to show how much cancer risk comes from causes we can prevent, providing governments and individuals with more specific information to help prevent many cancer cases before they start.»*
>
> **Dr Andre Ilbawi, WHO Team Lead for Cancer Control**

11. A new global analysis from WHO and IARC found that **37% of all new cancer cases in 2022, around 7.1 million cases, could be prevented**. The study examines 30 preventable causes, including tobacco, alcohol, high body mass index, physical inactivity, air pollution, ultraviolet radiation and – for the first time – nine cancer-causing infections. The findings highlight the enormous potential of prevention to reduce the global cancer burden (https://doi.org/10.1038/s41591-026-04219-7).

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

12. A new article introduces the fourth edition of the International Classification of Diseases for Oncology (ICD-O-4), a standardized system for tumour coding in cancer registries. The update improves the structure of tumour entity codes and is harmonized with International Classification of Diseases 11th Revision (ICD-11), enhancing consistency for cancer surveillance, research, and registry use (https://doi.org/10.1016/j.canep.2026.102989).

13. IARC and partners mapped **global lip, oral cavity, and pharyngeal cancer burden across 185 countries**. Published in *CA: A Cancer Journal for Clinicians*, the study highlights major regional disparities and supports targeted prevention policies, including tobacco, alcohol, and areca nut control, HPV vaccination programme, and early detection screening for high-risk populations to reduce global disease burden (https://doi.org/10.3322/caac.70048).

> *"This study underlines the global relevance and rapid expansion of thyroid cancer overdiagnosis, especially in countries undergoing economic transition. »*
>
> **Dr Salvatore Vaccarella, scientist, Cancer Surveillance**

14. An IARC study, in collaboration with partners in Italy and China, has provided the first comprehensive global assessment of **thyroid cancer burden among adolescents and young adults** (aged 15–39 years). Published in *The Lancet Diabetes & Endocrinology* and analyzing data from 185 countries. The study suggests that the rising incidence of thyroid cancer in this age group is largely driven by overdiagnosis rather than true disease increase. These findings have important public health implications, supporting more rational diagnostic practices to avoid unnecessary treatment while maintaining effective cancer detection strategies.

15. IARC has identified **four universal age periods** where cancer incidence and mortality show alternating sex disparities across 60 countries. Published in the *International Journal of Cancer*, the study found early-life male excess, a prolonged female excess during adulthood, a male excess in older ages, and, in high–life expectancy countries, a late-age female excess. The findings provide important evidence to guide sex-specific cancer prevention and resource planning across the life course (https://doi.org/10.1002/ijc.70244).

16. IARC and Imperial College London propose examining health system efficiency by addressing both underuse of essential cancer services in underserved populations and overuse of low-value interventions. Published in the *Journal of the National Cancer Institute*, the work highlights unwarranted variations in cancer outcomes as indicators of inequality and calls for a better balance between access, appropriateness, and necessity of care (https://doi.org/10.1093/jnci/djaf290).

17. A global analysis led by IARC estimates that premature cancer deaths generated approximately **US$ 566 billion in lost societal productivity in 2022, equivalent to 0.6% of global GDP**. The findings underscore the large public health and economic benefits that could be achieved through strengthened cancer prevention, early detection, and improved access to care, particularly in lower-Human Development Index settings (https://doi.org/10.1093/jnci/djaf193).

> *"In low- and middle-income countries, even modest losses in productivity can have an important impact on the national economy. »*
>
> **Dr Yek-Ching Kong, scientist, Cancer Surveillance Branch**

18. IARC, WHO, and partners analysed mortality trends from noncommunicable diseases across 185 countries between 2010 and 2019. Published in *The Lancet*, the study found that non communicable disease (NCD) mortality declined in most countries, although progress has slowed compared with the previous decade. Reductions in deaths from major cancers, including stomach, colorectal, cervical, breast, lung, and prostate cancers, highlight the importance of strengthening prevention, early detection, and access to effective treatment. The findings provide important evidence to support global policy discussions on accelerating NCD control in line with international targets (https://doi.org/10.1016/S0140-6736(25)01388-1).

19. IARC found that more than **80% of global cutaneous melanoma cases in 2022 were attributable to ultraviolet radiation exposure**. The study estimates that approximately 267 000 of the 332 000 melanoma cases worldwide were caused by UV radiation, highlighting the substantial public health impact of strengthening sun protection and prevention measures (https://doi.org/10.1002/ijc.35463).

20. IARC and the American Cancer Society launched the fourth edition of ***The Cancer Atlas***, a publication that summarizes global cancer burden trends and evidence-based prevention strategies. Drawing on six decades of research, the Atlas reinforces the finding that about half of all cancer cases could be prevented through effective risk factor control and public health interventions.

2.2 Pillar II. Understanding the causes

21. IARC found strong **age–period–cohort effects driving rising early-onset colorectal cancer** incidence in Australia, Canada, the United Kingdom, and the United States of America. Published in the *Journal of the National Cancer Institute*, the study suggests that **early-life or lifelong exposures may contribute to these trends**. If current patterns continue, incidence could double approximately every 15 years, highlighting the urgent need for research on causes and prevention strategies (https://doi.org/10.1093/jnci/djaf238).

22. IARC shows that higher educational attainment was associated with a lower risk of lung cancer among individuals with a history of smoking, but not among those who never smoked. These results highlight the persistent social inequalities in tobacco-related cancer risk and underscore the public health importance of targeted tobacco control policies, smoking cessation support, and education focused interventions to reduce lung cancer disparities (https://doi.org/10.1016/j.eclinm.2025.103152).

23. A multinational study led by IARC and partners found that adherence to a **plant-rich diets may reduce multimorbidity risk by up to 32%**, supporting public health policies that promote healthy dietary patterns to improve long-term population health (https://doi.org/10.1016/j.lanhl.2025.100742).

24. A large epidemiological study led by IARC and the University of Regensburg (Germany) demonstrates a clear gradient in mortality risk across newly defined obesity categories, with clinical obesity associated with the highest all-cause, cardiovascular, and cancer mortality. Using refined measures of excess adiposity beyond body mass index (BMI), the study published in *JAMA Intern Med* shows that even preclinical obesity carries elevated risk.

These findings support moving beyond BMI alone toward more precise obesity classification to improve risk stratification, guide earlier intervention, and strengthen public health policy (https://doi.org/10.1001/jamainternmed.2025.4978).

25. IARC and partners found that alcohol consumption increases the risk of upper aerodigestive tract cancers—including cancers of the oral cavity, pharynx, larynx, and oesophagus—even at low intake levels. Published in the *Journal of the National Cancer Institute*, the pooled analysis of more than 2.3 million people showed a clear dose–response relationship, with risk rising progressively with higher consumption and remaining evident among never smokers. These findings confirm alcohol as an independent carcinogen and reinforce public health recommendations to limit alcohol use to reduce the global burden of these cancers (https://doi.org/10.1093/jnci/djaf230).

26. Researchers working in collaboration with IARC have identified mechanisms by which environmental and lifestyle factors during pregnancy or early life may leave epigenetic marks on a child's DNA. These changes could influence the risk of developing acute lymphoblastic leukaemia, the most common childhood cancer (https://doi.org/10.1002/ijc.35506).

2.3 Pillar III. From understanding to prevention

27. The publication of the **5th edition of the European Code Against Cancer** (ECAC), led by IARC in collaboration with about 80 European experts, provides evidence-based cancer prevention recommendations aimed at reducing cancer burden across Europe. The 10 associated articles, published in *The Lancet Regional Health – Europe* and *Molecular Oncology*, strengthen the scientific foundation for population-level cancer prevention policies and public health action (https://doi.org/10.1016/j.lanepe.2026.101592).

28. IARC and partners highlight **potential co-benefits of climate change mitigation and cancer prevention in Europe**. Published in the *Journal of the National Cancer Institute*, researchers suggest that actions to reduce greenhouse gas emissions—such as improving air quality, promoting healthy diets, increasing physical activity, and reducing harmful sun exposure—may also help lower cancer risk. These findings support integrated public health strategies that combine climate action with cancer prevention to improve population health outcomes (https://doi.org/10.1093/jnci/djaf182).

29. IARC and partners found no overall association between having a tattoo and skin cancer risk. Published in *Journal of the National Cancer Institute*, the study also reports a preliminary observation that larger tattooed skin areas may be associated with lower observed risk, though further research is needed (https://doi.org/10.1093/jnci/djaf332).

30. A large cohort study led by IARC found that **regular use of pharmaceutical opioids was associated with an increased risk of several cancers** previously linked to opium exposure, including cancers of the lung, bladder, larynx, pancreas, and oesophagus. Based on data from nearly 500 000 participants in the UK Biobank and supported by genetic evidence from multiple genome-wide association studies. The analysis suggests that risks were higher with stronger and longer-acting opioids. The findings highlight the need for further research to clarify causal relationships and clinical

implications while reinforcing the importance of evidence-based opioid prescribing (https://doi.org/10.1016/j.eclinm.2025.103439).

31. A study led by IARC projects a substantial future burden of gastric cancer among individuals born between 2008 and 2017 if current prevention and control measures remain unchanged. The analysis estimates that approximately 15.6 million gastric cancer cases may occur in this cohort globally, with about **76% attributable to chronic infection with *Helicobacter pylori*, a preventable cause of cancer**. These findings highlight the major public health impact of strengthening infection control, early detection, and prevention strategies to reduce future gastric cancer burden.

> *"It is essential that health authorities make gastric cancer prevention a priority and accelerate efforts to control it by planning pilot and feasibility projects, including H. pylori screen-and-treat programme.»*
>
> **Dr Jin Young Park, Leader of the Gastric Cancer Prevention Team, IARC**

32. IARC provides the first global estimate of cancer burden attributable to HIV infection. Published in *The Lancet Global Health*, the study shows major regional disparities, with **Africa bearing about 70% of the 81 300 global HIV-attributable cancer cases** in 2022, mainly cervical cancer and Kaposi sarcoma. These findings highlight the public health importance of strengthening HIV control and targeted cancer prevention strategies, including vaccination and screening programmes, to reduce infection-related cancer burden, particularly in high-risk regions (https://doi.org/10.1016/S2214-109X(25)00264-5)

33. A new IARC study suggests that Epstein–Barr virus infection may contribute to the risk of several cancer types, including lung cancer, liver cancer, nasopharyngeal carcinoma, and lymphoma, with the strongest association observed for nasopharyngeal carcinoma. These findings reinforce the public health importance of infection prevention, surveillance, and research to better understand virus-related cancer burden and support strategies to reduce infection-associated cancers globally (https://doi.org/10.1038/s41467-025-60999-5).

IARC scientific achievements listed below provided key findings to support the implementation of the **WHO Cervical Cancer Elimination Initiative**:

34. The Expert Working Group of the European Commission Cervical Cancer Initiative, developed in collaboration with IARC and the European Commission Joint Research Centre, recommends human papillomavirus (HPV) detection testing as the primary cervical cancer screening method for asymptomatic populations with a cervix aged 30–64 years, with conditional consideration for starting to screen at age 25 years. The guidance discourages screening before age 25 or after age 65 without adequate prior screening history and supports transitioning existing programmes to HPV-based screening with appropriate triage strategies. These recommendations aim to support he **implementation of the WHO Cervical Cancer Elimination Initiative** (CCEI), thereby contributing to elimination efforts across Europe.

IARC scientific highlights listed below provided key findings from the ABC-DO cohort in sub-Saharan Africa to support the implementation of the **WHO Global Breast Cancer Initiative:**

35. IARC and African partners found that **only one in three women with breast cancer survived 7 years after diagnosis** in the ABC-DO cohort study of 2153 women across five sub-Saharan African countries. Published in *The Lancet Global Health*, the study revealed large survival disparities between

countries and population groups. The findings underscore the urgent public health need to improve early diagnosis, referral systems, and treatment completion, supporting the goals of the WHO Global Breast Cancer Initiative to reduce breast cancer mortality in the region (https://doi.org/10.1016/S2214-109X(25)00273-6).

36. IARC and partners found that **breast cancer survival is lower** among women diagnosed **before age 40 in sub-Saharan Africa**, with particularly high mortality among those diagnosed within three years after childbirth. Published in the *Journal of the National Cancer Institute*, the study highlights the need to strengthen early detection, treatment access, and targeted support for young women, given the broader intergenerational and public health impact of premature mortality (https://doi.org/10.1093/jnci/djaf213).

Studies conducted in the field of cancer care pathways are listed below:

37. A new IARC study and partners highlights **substantial delays across the cancer care pathway in Nepal**, with many patients waiting several months from symptom onset to treatment initiation. Based on the DElays in CAncer care in Nepal (DECAN) cohort study, published in *BMJ Global Health*, the findings show how delays vary by age, socioeconomic status, cancer type, and stage at diagnosis. The results underscore the public health importance of strengthening early diagnosis, improving access to timely treatment, and reducing inequities in cancer care (https://doi.org/10.1136/bmjgh-2025-019297).

> ***"Patterns-of-care studies provide crucial insights into how cancer services are functioning in real-world settings. In low-resource countries such as Nepal, they offer essential evidence to guide system strengthening and early diagnosis initiative."***
>
> **Dr Partha Basu, Head, Early Detection, Prevention and Infections**

2.4 Pillar IV. Knowledge mobilization

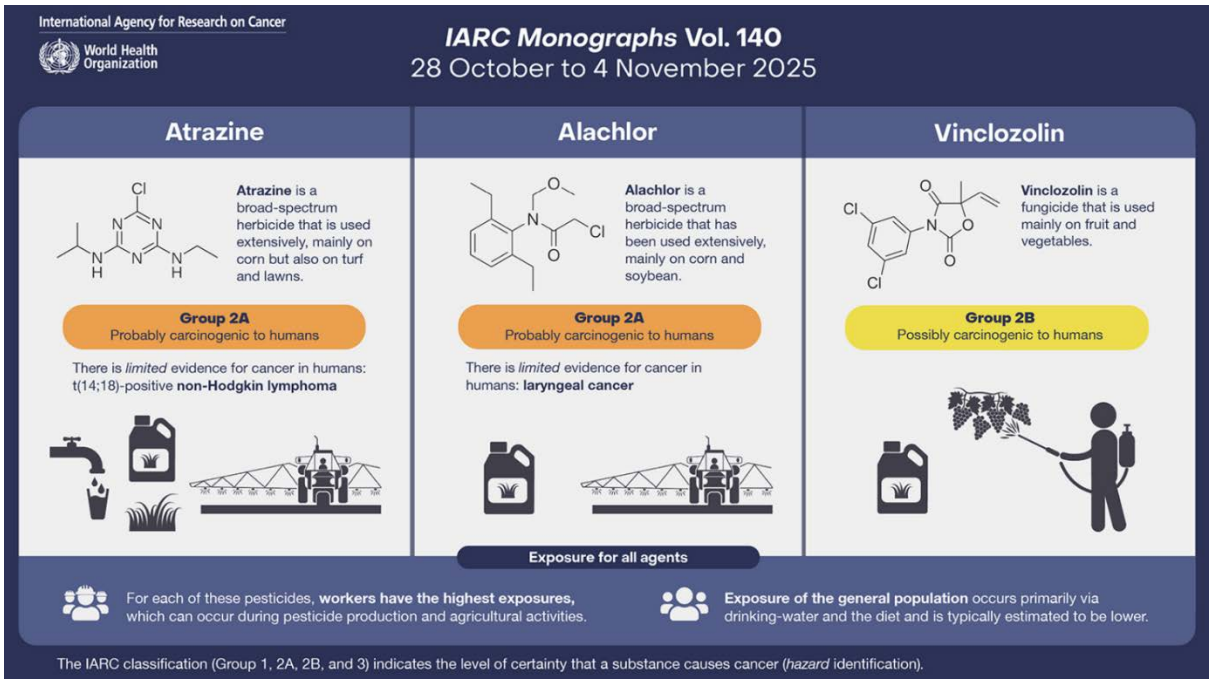
38. The WHO Reporting System for Soft Tissue Cytopathology is available in print format.

39. *WHO Classification of Tumours:* Eye and Orbit Tumours is available in print format.

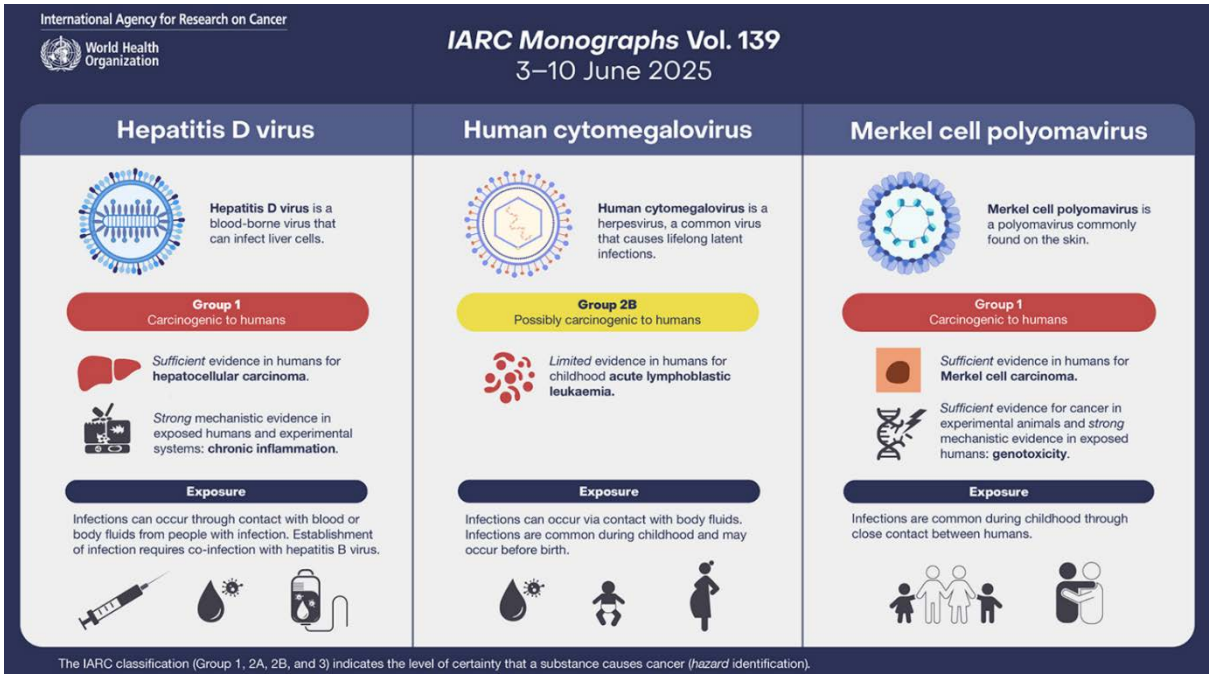
40. WHO Classification of Tumours: Skin Tumours is available in print format.

41. Volume 137 of the *IARC Monographs* is now available online. This volume comprises three monographs: **hydrochlorothiazide, voriconazole, and tacrolimus**, all *carcinogenic to humans* (Group 1).

42. The results of the *IARC Monographs* evaluation Meeting 140 of three pesticides – the herbicides **atrazine and alachlor and the fungicide vinclozolin** – have been published in *The Lancet Oncology*.



43. The outcomes of the *IARC Monographs* evaluation Meeting 139 of the carcinogenicity of **hepatitis D virus, human cytomegalovirus, and Merkel cell polyomavirus** have been published in a summary article in *The Lancet Oncology*.



44. The full Volume 136 of the *IARC Monographs* is available online. This volume comprises two monographs: **talc and acrylonitrile**. The Working Group evaluated acrylonitrile as *carcinogenic to humans* (Group 1) and talc as *probably carcinogenic to humans* (Group 2A).

45. In accordance with the IARC–WHO Standard Operating Procedure (SOP), IARC announced on 3 June 2025 that *IARC Monographs* Meeting 142 will evaluate **butyl benzyl phthalate, dibutyl phthalate, and diisononyl phthalate**. The meeting is scheduled to take place on 9–16 June 2026.

46. Volume 20 of the *IARC Handbooks of Cancer Prevention* marks the first time IARC has evaluated the **prevention of alcohol-related cancers**. Volume 20A (2024) evaluates the impact of reducing or quitting consumption on cancer risk, and Volume 20B (2025) focuses on **alcohol policies** to reduce consumption: IARC Handbooks Volume 20B (2025) (https://publications.iarc.who.int/653).

2.5 New Evidence Summary Briefs

47. Thermal ablation: cost-effective and safe for the treatment of cervical precancer (IARC Evidence Summary Brief No. 7). IARC highlights key findings from multiple studies conducted in research and programmatic settings that generated evidence on the efficacy, safety, feasibility, scalability, and cost–effectiveness of thermal ablation. This new Evidence Summary Brief calls on policy-makers to continue supporting the deployment of the device, particularly in LMICs (https://www.iarc.who.int/wp-content/uploads/2025/11/IARC_Evidence_Summary_Brief_7.pdf).

48. Alcohol: a major preventable cause of cancer (IARC Evidence Summary Brief No. 6). IARC highlights alcohol as a major preventable cause of cancer. Despite growing public health concern, alcohol consumption continues to increase in several world regions, including the Americas, the Western Pacific, sub-Saharan Africa, and South-East Asia. Consumption is currently highest in Europe, where awareness remains low: less than half of people know that alcohol can cause cancer (https://www.iarc.who.int/wp-content/uploads/2025/10/IARC_Evidence_Summary_Brief_6.pdf).

2.6 New IARC Platforms and websites highlighting research networks

49. IARC has launched the **SURVCAN** visualization platform to monitor childhood cancer survival using population-based data from 47 registries in 23 countries across Africa, Asia, and Latin America and the Caribbean. The platform covers survival outcomes for nearly 17 000 children at 1, 3, and 5 years after diagnosis and reveals major inequalities in childhood cancer survival by region, country, cancer type, and development level, highlighting the need to improve early diagnosis, treatment access, and health system capacity.

50. IARC launched the **CHRONOS** website, establishing the first global repository of standardized data to monitor the impact of HPV vaccination in LMICs. The platform provides tools, methods, training resources, and guidance to support countries in generating high-quality local evidence on HPV vaccination impact and cervical cancer prevention. By enabling standardized monitoring, data comparability, and international collaboration, this work highlights IARC's unique role in supporting evidence-driven policies and global efforts toward cervical cancer elimination.

51. The **IARC Initiative for Resilience in Cancer Control** or **IARC-IRCC** platform (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 IRCC have been expanded to include natural and human-made disasters. An update on the research activities of the IARC-IRCC is provided in Document GC/68/4 .

52. IARC and partner institutions have launched a new website for the **IARC Albinism Research Network**. IARC scientists initiated this network with researchers and institutions across the African continent to conduct research to reduce the burden of skin cancer in persons with albinism, with a major but not exclusive focus on the African setting.

53. IARC has added validated data from 12 countries in Asia to the **Cancer Screening in Five Continents (CanScreen5) data repository**. CanScreen5 is an IARC flagship project dedicated to improving the quality and impact of cancer screening programmes through capacity-building. It supports programme managers and health professionals in evaluating, benchmarking, and strengthening cancer screening efforts.

2.7 Scientific honours and international distinctions

54. Dr Ausrele Kesminiene of the Environment and Lifestyle Epidemiology (ENV) Branch at IARC has been appointed to the Independent Scientific Panel on Effects of Nuclear War by United Nations (UN) Secretary-General António Guterres.

55. Dr Zdenko Herceg, Head of the Epigenomics and Mechanisms (EGM) Branch at IARC, has been elected as a Member of the Academy of Medical Sciences of Croatia.

2.8 Report on Key Performance Indicators (KPIs)

2.8.1 Publications

56. 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.

57. **Productivity**. In 2025, IARC scientists published a total of 357 articles in 191 journals, of which 286 (80%) were peer-reviewed papers[1]. The total number of articles and the proportion of peer-reviewed papers were quite similar to recent years (see **Table 1**). Out of 357 papers, 112 (31%) were led by IARC.[2]

[1]Records were retrieved via the Web of Science database, specifically from Science Citation Index, Emerging Sources Citation Index, and Social Sciences Citation Index. Records were restricted to 2025 as the final publication year and records marked "Meeting Abstract" or 'Correction" were removed prior to analysis. [2]Based on publications with corresponding authors affiliated with IARC.

58. **Influence of research: citation index (h-index)**. **Table 2** shows an h-index of 15 for IARC's 2025 output, meaning that 15 articles have been cited at least 15 times each, with an average citation count of 4.49 per article. The top 10 most cited articles published in 2025 are listed in **Table 3**. Comparative data for the previous five years is also shown. The h-index for articles from 2021 to 2025 inclusive is 104, with an average citation rate of 75.6 per article.

59. **Open Science.** For the 2025 period, 240 out of 357 publications (67%) were Open Access (Gold or Hybrid), which is similar to the 65% recorded over the five-year period (2021–2025), representing 1990 publications.

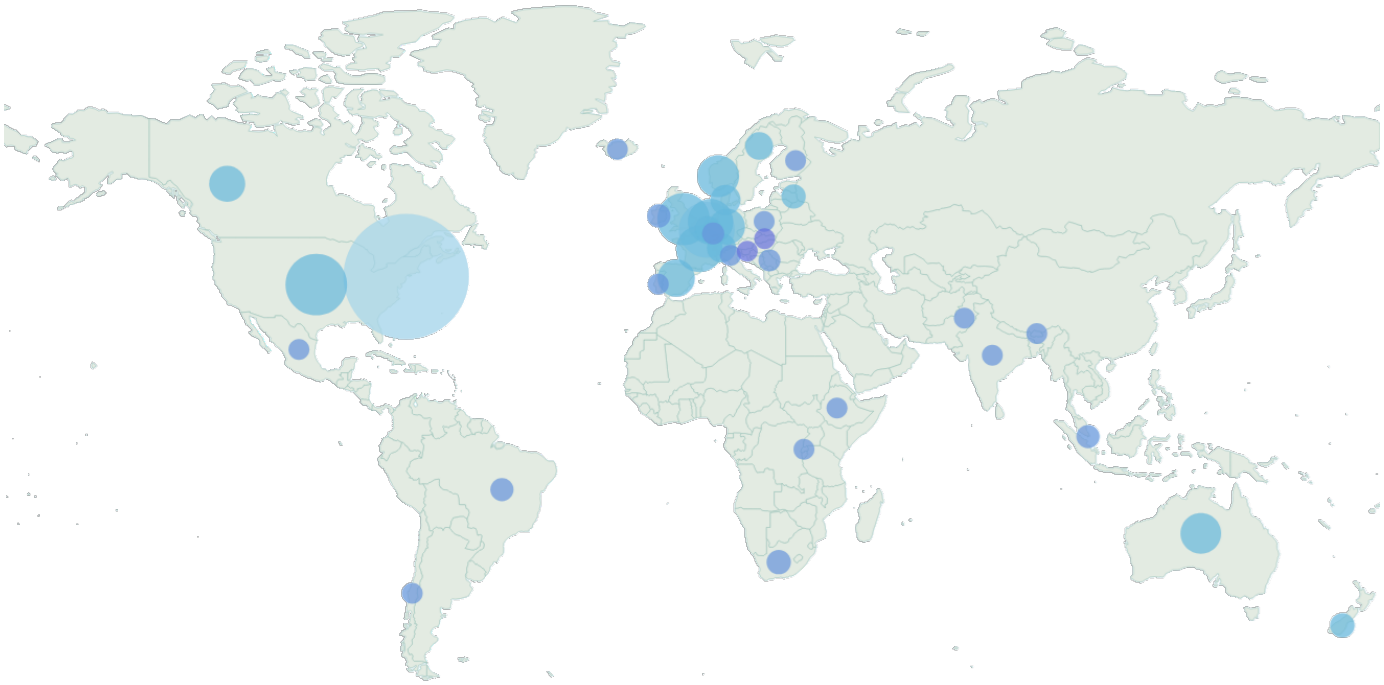
60. **International collaboration**. Analysis of the proportion of IARC publications with co-author affiliations spanning more than one country shows that, of the 357 papers published in 2025, 354 (99%) involved international collaboration, with at least one co-author affiliation in a country other than that of IARC (France). In total, co-authors from 108 countries contributed to IARC publications in 2025. **Tables 4 and 5** present IARC's top 10 collaboration partners, highlighting the leading countries and institutions co-authoring research with IARC.

61. **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 2025, while **Table 6** lists the 25 highest-scoring articles published that year. During this period, 373 IARC research outputs were referenced across various media channels, generating a total of 10,994 mentions. Of these, 7515 appeared on social media (primarily X), while 3439 were cited in news articles and blogs.

62. Geographically, IARC's research was referenced in 67 countries through press mentions, including 32 LMICs. The Agency's strongest media presence was in the United States of America, United Kingdom, Germany, France, Spain, and Australia. On social media, IARC research was cited in 118 countries, with the United States of America, Japan, Spain, France, and the United Kingdom leading in mentions.

63. **Impact on policy documents**. To complement the bibliometric and media analysis, we conducted an assessment of the impact of IARC's research on policy-making, a major aspect of its influence. For this analysis, we used the Overton database, a comprehensive platform that tracks the citation of research outputs in policy documents from governments, NGOs, and think tanks worldwide. By capturing how academic research informs public policy, Overton allows us to assess the real-world impact of scientific findings on decision-making processes.

64. For this analysis, we focused on policy documents citing IARC research published in 2025. A total of 367 policy documents from 136 different sources across 37 countries cited IARC research in 2025. **Table 7** presents the top 10 IARC publications most frequently cited in these policy documents. Most of these documents originated from the public sector (335), followed by the third sector (43), with one document from the private sector. IARC's policy influence spans a wide geographical range (see map below), with citing sources located in 37 countries. The largest numbers of citing documents came from the United States of America (36), European Union (31), United Kingdom (28), France (23),



Netherlands (22), Norway (19), Australia (18), Spain (15), Germany (14), and Canada (14).

Map 1. *Geographical distribution of sources citing IARC in policy documents published in 2025.*[3]

[3] *Darker bubbles represent counts = 1, while the larger, lighter bubbles represent IGOs.*

65. Government organizations accounted for the largest share of citing bodies, with 231 documents, followed by IGOs (89), think tanks (29), legislative bodies (18), and NGOs (12).

66. Below is the list of IARC key sources, representing organizations that cited IARC research most frequently in policy documents in 2025:

Intergovernmental organizations (IGOs):

- World Health Organization (WHO)
- Organisation for Economic Co-operation and Development (OECD)
- Food and Agriculture Organization of the United Nations (FAO)
- World Bank
- Pan American Health Organization (PAHO)
- European Observatory on Health Systems and Policies

Governmental organizations:

- Norwegian Institute of Public Health
- Centers for Disease Control and Prevention (CDC)
- Publications Office of the European Union
- National Institute for Health and Care Excellence (NICE)
- French Agency for Food, Environmental and Occupational Health and Safety (ANSES)
- Health Council of the Netherlands (Gezondheidsraad)
- The Government of the United Kingdom of Great Britain and Northern Ireland
- The Government of Switzerland
- Australian Government Department of Veterans' Affairs
- Australian Government Department of Health
- Spanish Network of Agencies for Health Technology Assessment (RedETS)
- Association of the Scientific Medical Societies in Germany (AWMF)

Legislative bodies:

- European Parliament Plenary

Think tanks and non-governmental organizations (NGOs):

- Consultative Group on International Agricultural Research (CGIAR)
- World Cancer Research Fund International

67. IARC research was most frequently cited in public health policy documents related to cancer prevention, screening programmes, and risk-factor regulation (such as alcohol, diet, and environmental exposures). Examples include:

- The Norwegian Institute of Public Health (Norway) cited IARC research in reports supporting national recommendations on cancer prevention and screening programmes, including assessments of population-level cancer risk factors.
- The Centers for Disease Control and Prevention (United States of America) referenced IARC studies in policy documents related to cancer risk factors and public health surveillance, including evidence used to guide national prevention strategies.
- The National Institute for Health and Care Excellence (United Kingdom) cited IARC research in clinical and public health guidance informing recommendations on cancer prevention and screening.
- The Publications Office of the European Union (European Union) referenced IARC publications in policy reports addressing cancer burden and risk factors across Member States, supporting European health policy initiatives.
- The Organisation for Economic Co-operation and Development (OECD) referenced IARC research in policy analyses addressing cancer burden, prevention strategies, and health system performance across member countries.

68. **Table 8** reported the number of visitors to the IARC websites in 2025. Among IARC research project websites, the Global Cancer Observatory (GCO) received the highest number of total visits in 2025.

69. **Figure 2** reported the number of visits to the IARC websites throughout 2025.

- The peak of 6878 visitors (on 25 February 2025) is after the publication of the news item "Breast cancer cases and deaths are projected to rise globally" and "IARC Press Release 361"
- The peak of 3971 visitors (on 5 August 2025) coincides with the publication of the news item of the sad passing of "Dr Rengaswamy Sankaranarayanan"
- The peak of 4546 visitors (on 18 November 2025) is after the publication of the news item "IARC, WHO Academy, and other WHO partners launch new comprehensive learning programme on screening, diagnosis, and management of cervical precancer" and due to a large number of visits to the "main IARC website homepage" and the "IARC Monograph on Glyphosate" Featured News webpage
- The peak of 4825 visitors (on 26 November 2025) is after the publication of the news item "*IARC Monographs* evaluation of the carcinogenicity of atrazine, alachlor, and vinclozolin"

70. **Figure 3** reported the number of visits to the IARC Monographs website in 2025.

- The peaks of 2232 and 2867 visitors on 17 June 2025 and 3 September 2025, respectively, are due to a large number of visits to the following webpages: https://monographs.iarc.who.int/, https://monographs.iarc.who.int/list-of-classifications, https://monographs.iarc.who.int/agents-classified-by-the-iarc/, and https://monographs.iarc.who.int/monographs-available/

71. **Figure 4** reported the number of visitors to the GCO website in 2025.

- The peaks of 8607, 8347, 6428, and 6865 visitors on 14 January 2025, 17 January 2025, 27 May 2025, and 11 December 2025, respectively, are due to a large number of visits to the following webpages: https://gco.iarc.who.int/en, https://gco.iarc.who.int/today/en/dataviz/tables-prevalence, https://gco.iarc.who.int/today/en/dataviz/tables, https://gco.iarc.who.int/today/en/dataviz/pie, http://gco.iarc.who.int/tomorrow/en/dataviz/bubbles, https://gco.iarc.who.int/overtime/en/dataviz/trends, and https://gco.iarc.who.int/overtime/en/dataviz/tables

72. The most popular downloads from the IARC Publications website are presented in **Table 9**.

2.8.2 Capacity building

73. In 2025, IARC hosted a total of 239 Early Career and Visiting Scientists (ECVS) through its Research Training and Fellowship Programme, out of which 98 were new onboardings. Eight ECVS became IARC staff members in 2025. ECVS were from 59 countries. Forty percent of ECVS are from LMICs and over 75% are from IARC Participating States.

74. The call for applications for IARC Postdoctoral Fellowships tenable in 2026–2027 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. In view of the budget situation, even less Fellowships were available on the regular budget than in previous years (six instead of seven for 2024–2025, five planned instead of six for 2026–2027). The creation of the ECS parental leave fund described above resulted in a further reduction of one fellowship funded one the regular budget. Four fellowships were therefore available in 2025.

75. Efforts to identify additional sources of funds 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 the 2025 call.

76. Overall, and as shown in **Table 10**, the Agency awarded five IARC Postdoctoral Fellowships to candidates from LMICs for projects in line with the IARC MTS 2026–2030.

77. A new partnership with the Instituto de Salud Carlos III in *Madrid* (*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 new biennium.

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

79. In 2025, a research return Grant of €10 000 was also awarded to one Fellow from LMICs, contributing to establish their research activity in their own country.

80. In 2023, the former Senior Visiting Scientist Award was restructured into several fellowships for mid-career scientists from LMICs. These fellowships aim to support the development of collaborative research projects with IARC, in line with the MTS, enhance career prospects, and strengthen institutional capacity through longer-term collaborations initiated or reinforced during the fellowship. Three such fellowships were awarded in 2025.

81. The partnership with the Union for International Cancer Control (UICC) was renewed, to enable a selected number of participants of IARC Summer Schools to return to IARC for a period of one month for further training and collaborative work. From the eight UICC-IARC Development Fellowship awarded in the frame of the IARC Summer School 2025, seven of them were funded by UICC.

82. IARC Learning (formerly 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.

83. The majority of IARC learning resources are accessible through a unique platform (https://whoacademy.org/partners/IARC/courses). Set up in 2019 and maintained at IARC until 2024, the learning infrastructure was migrated to the WHO Academy in 2025. The platform's audience has continued to increase. Since November 2019, about 9000 professionals have created an account on the portal to freely access learning resources. Of the all-time users of the platform, 64% are from LMICs.

84. In 2025, several free self-learning programmes and resources were launched or further developed.

85. The Cancer Surveillance Branch (CSU) launched the **Global Initiative for Cancer Registry Development (GICR) e-learning series** (https://whoacademy.org/IARC/27-global-initiative-for-cancer-registry-development-gicr-e-learning?from=learning-space), designed for new and existing cancer registry professionals. It incorporates 16 modules that cover topics including data collection, management, statistical analysis, and effective communication of findings. The series enables participants to learn through interactive exercises, challenge quizzes, and additional reference materials. It is available in English, French, and Spanish.

86. The collaboration with the European Society for Medical Oncology (ESMO) was extended as the IARC-ESMO Learning and Capacity-Building Initiative for Cancer Prevention (https://whoacademy.org/IARC/11-iarc-esmo-learning-and-capacity-building-initiative-for-cancer-prevention). Based on a joint learning needs assessment survey carried out in 2022, and in addition to live learning events (webinars), a variety of self-paced learning resources have been developed, such as the course on Air Pollution and Cancer (https://whoacademy.org/coursewares/course-v1:IARC+air-pollution-and-cancer+self-paced?org=IARC&from=learning-space), the module "Using the IARC Atlas of Breast Cancer Early Detection" (https://whoacademy.org/coursewares/course-v1:IARC+iarcesmo+2025?source=edX&org=IARC&from=learning-space), or the teaching toolkit "Identification of Carcinogenic Hazards to Humans" (https://whoacademy.org/coursewares/course-v1:IARC+iarcesmo+toolkit-cancer-hazards?source=edX&org=IARC&from=learning-space).

Learning events

87. In 2025, and as shown in **Table 11**, the Agency organized **46 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. More than 4000 scientists and health professionals benefited from these events during the year.

88. As one of the key learning events of the Agency, the **IARC Summer School in Cancer Epidemiology** aims to improve the methodological and practical skills of cancer researchers and health professionals. In 2025, both modules – Introduction to Cancer Epidemiology and Implementing Cancer Prevention and Early Detection – were held in a blended format, including 2–4 weeks of online self-paced activities, followed by 1 week on site in Lyon, focused on practical and networking activities. A total of 72 cancer researchers and health professionals from more than 40 countries (most of which were LMICs) participated in the two modules, representing a wide variety of disciplines and

nationalities, which is what makes the Summer School so unique. All the resources used to deliver the 2025 Summer School are available online (https://vimeo.com/iarcwho/albums).

89. The agency also innovated in the area of citizen engagement. A learning event on the exposome and citizen science, targeting secondary school students, was piloted within the framework of the Human Exposome Assessment Platform (HEAP) project (European Union grant agreement no. 874662) (https://heap-exposome.eu/). The teaching materials used by 250 students are now part of the online toolbox of the project, contributing to its sustainability plan.

Partnerships for dissemination and impact

90. 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 Autumn 2025, the IARC-NCC China Learning Centre implemented its second course: the Cancer Epidemiology module 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 again very positive. A new session is planned in 2026.

91. A similar partnership was developed in 2024 with the *INCA Brazil* and the *University of Sao Paolo*, leading to the setup of the **IARC-Brazil Learning Centre**. The first course (Introduction to Cancer Epidemiology) was designed in 2025, targeting health professionals from *Brazil*. In this instance, online material will be developed in Portuguese. The course is planned for 2026. 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.

3. COOPERATION, PARTNERSHIPS AND STRATEGIC ENGAGEMENTS

3.1 Cooperation with WHO

3.1.1 Strengthening the continuum from cancer research to policy and action through IARC–WHO cooperation

92. Close collaboration between IARC and WHO is critical to the successful delivery of respective mandates and was strategically identified as a priority in IARC's MTS 2021–2025 and in the new MTS 2026-20230, as well as in the World Health Assembly Resolution 70.12 (2017). The two organizations have complementary roles in advancing global cancer control. While the IARC Statute emphasizes cancer research to generate the scientific evidence base, WHO is responsible for translating evidence into policy guidance and programme implementation to support effective cancer control worldwide. This continuum—from research to policy to practice—forms the foundation of the strategic partnership between IARC and WHO.

93. In 2025, cooperation between IARC and WHO continued to provide a strong scientific foundation for global cancer control initiatives. IARC research directly supported the implementation of the WHO Global initiatives -Global Cervical Cancer Elimination Initiative (CCEI), Global Breast Cancer Initiative (GBCI), Global Initiative for Childhood Cancer (GICC), and Global Initiative for Cancer Registry Development (GICR). Overall, the partnership advanced evidence-based policies and contributed to global efforts to reduce cancer mortality and improve equitable access to care. IARC research also plays a key role in monitoring progress towards global targets.

94. 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. Furthermore, IARC demonstrated that a portable, low-cost, battery-powered thermal ablation device is as safe and effective as standard treatment methods for cervical precancer. This work provided the scientific basis for WHO recommendations on thermal ablation as a treatment option for eligible women, thereby supporting expanded access to affordable, high-quality cervical cancer prevention and contributing to global elimination efforts.

> *"In low-resource settings, the widespread adoption of effective, accessible, and affordable technologies is not merely an option but a necessity. Thermal ablation directly meets this need, making it a critical tool for scaling up cervical precancer treatment"*
>
> *Dr Leeya Pinder, University of Cincinnati College of Medicine (USA)*

95. IARC evidence highlights persistent breast cancer survival inequalities in *sub-Saharan Africa*, with poorer outcomes observed in specific population groups. These findings call for stronger action across the breast cancer care continuum, prioritizing early detection, rapid diagnosis, equitable access to quality treatment, and targeted support for vulnerable populations, including younger women. This work strengthens the implementation of the WHO GBCI and supports global efforts to reduce breast cancer mortality.

96. IARC studies have documented substantial variations in survival outcomes among children diagnosed with cancer, particularly across LMICs, highlighting persistent inequalities in access to

timely diagnosis, treatment, and quality care. The research also underscores the critical need to strengthen population-based cancer registries as a foundation for monitoring childhood cancer burden and outcomes. By generating high-quality benchmark data and identifying priority gaps in care pathways, IARC research directly supports global efforts under the WHO GICC to increase childhood cancer survival to at least 60% by 2030.

3.1.2 Key 2025 highlights of joint strategic activities between IARC and WHO

97. Overall, the partnership between IARC and WHO in 2025 advanced evidence generation, policy relevance, and operational cooperation in support of global cancer prevention and control:

98. A joint analysis conducted by WHO and IARC estimates that approximately **37% of all new cancer cases in 2022—representing about 7.1 million cases—were associated with preventable causes**. These findings underscore the major impact that strengthened prevention efforts, supported by the combined scientific and public health expertise of IARC and WHO, can have on reducing the global cancer burden.

99. IARC researchers presented the latest evidence on the links between alcohol and cancer during the Fifth WHO Forum on Alcohol, Drugs and Addictive Behaviours, which took place online on 24–26 June 2025.

100. IARC and WHO Regional Office for Europe (WHO/Europe) collaborated to host a webinar series on reducing alcohol consumption as a cancer prevention measure. The joint initiative disseminated key findings from the *IARC Handbooks of Cancer Prevention*, including Volume 20A and Volume 20B, helping translate scientific evidence into policy-relevant insights and strengthen cooperation between IARC and WHO in evidence-based cancer prevention.

101. IARC, WHO, and the International Initiative for Pediatrics and Nutrition (IIPAN) collaborated to convene a stakeholders meeting on the role of nutrition in childhood cancer outcomes. The meeting highlighted ongoing research, and supported dialogue between global experts, policy-makers, and international organizations to strengthen capacity-building, clinical care, and policy development. This collaboration reinforces the partnership between IARC and WHO in advancing multidisciplinary approaches to improve childhood cancer prevention, treatment, and survival outcomes worldwide.

102. During 2025–2026, teams from IARC and WHO/HQ continued to update the Interim Standard Operating Procedures (SOP) on "**coordination and communication mechanisms between IARC and WHO - IARC Monographs and Handbooks"**. These updates were made in line with ongoing refinements of normative processes and included the prompt implementation of revised consensus clauses. The updated SOP is presented in Document GC68/15 and reflects optimized procedures for scientific evaluation and communication processes.

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

3.1.3 WHO Academy and the Global Health Hub in Lyon

104. 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.

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

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

107. Regarding learning contents, the Comprehensive Learning Programme on Screening, Diagnosis, and Management of Cervical Precancer has been developed by a consortium of WHO headquarters and the six WHO regional offices, coordinated by the IARC Early Detection, Prevention, and Infections Branch (EPR). The Managing Infrastructure for Medical Research Learning Programme was also selected for Academy's Learning Experience System (LXP) and is led by IARC's Laboratory Support, Biobanking, and Services (LSB). Although resource constraints at the WHO level have affected the full development of the courses for both programmes, there was a partial release of modules in 2025

https://whoacademy.org/coursewares/course-v1:WHOA+0023_CxCa_EN+2023?source=edX
https://whoacademy.org/coursewares/course-v1:WHOA+0023_CxCa_Cpy_EN+2024?source=edX
https://whoacademy.org/coursewares/course-v1:WHOA+0023_CxCa_HPV_EN+2024?source=edX
https://whoacademy.org/coursewares/course-v1:WHOA+0046_MIMR_EN+2025?source=edX).

108. As far as learning infrastructure is concerned, IARC and the Academy set up a collaboration within the development of 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 LXP, including through advice on key LXP functionalities and testing of demo versions. The WHO Academy team has successfully implemented most of these functionalities in LXP. The Academy team has created a dedicated Learning Space on LXP, which is now managed by IARC autonomously (https://whoacademy.org/IARC). 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 LXP was released for testing end 2023 and improved through 2024, while over 20 IARC learning resources were migrated. In 2025, the remaining 60+ IARC self-paced and facilitated courses, as well as related 9000+ users, migrated to LXP, which will replace the initial IARC Learning infrastructure.

3.2 Strategic international partnerships supporting global cancer research: key 2025 highlights

Key partnerships of the Agency are highlighted below. Strengthened partnerships will help initiate new projects, sustain momentum in ongoing activities, and directly support the mission of IARC to promote and advance international collaboration in cancer research and contribute to global cancer control.

The following section highlights new partnerships to advance global cancer control:

109. As part of the IARC's Global Initiative for Cancer Registry Development (GICR), a **new IARC GICR Centre of Expertise for Cancer Registration for Lusophone African Countries** (CEROPAL) was inaugurated at the Instituto Angolano de Controlo do Câncer in *Luanda, Angola*. The centre, the fourth GICR Centre of Expertise in sub-Saharan Africa and the first dedicated to Portuguese-speaking countries, will strengthen cancer registration capacity-building in *Angola, Cabo Verde, Guinea-Bissau, Mozambique, and São Tomé and Príncipe*.

110. IARC and the Global Center for Health Diplomacy and Inclusion established a new collaboration to generate scientific evidence supporting equitable cervical cancer prevention. The work aims to inform global vaccine innovation and contribute to the goals of the WHO's CCEI by supporting prevention strategies that better address regional disease patterns and improve health equity.

111. IARC and health-care partners in Indonesia launched the Ultra3-CBE project in collaboration with Dharmais Cancer Hospital in *Jakarta* to strengthen breast cancer screening and diagnostic capacity. This collaboration supports the strengthening of Indonesia's national breast cancer screening programme and contributes to improving survival outcomes through earlier detection and better access to care.

112. IARC and partners launched a study under the Hydrocarbon Pollution Remediation Project in *Ogoniland* to investigate the **health effects of environmental hydrocarbon pollution**. The project aims to generate scientific evidence on population exposure, including among children, of affected communities. The findings will support public health responses, capacity-building, and long-term health protection strategies, building on recommendations from the United Nations Environment Programme report on Ogoniland.

113. IARC welcomes World Cancer Research Fund International (WCRFI), the Lancet and UICC as official partners for the **IARC@60: Cancer Research into Action conference**, the flagship event of the Agency's 60th anniversary celebrations. The conference will bring together global scientific, clinical, and policy communities to advance research translation into action, strengthening the public health impact of cancer science and supporting improved cancer prevention and control worldwide.

The following section highlights IARC's engagement in advancing evidence-based and effective cancer control strategies:

114. IARC participated in the European Cancer Screening and Early Detection Policy Summit to support evidence-based **expansion of cancer screening programmes, including for prostate, lung, and gastric cancers**. The meeting brought together policy-makers and experts to advance implementation, quality assurance, and monitoring frameworks for effective early detection policies.

115. IARC hosted an expert workshop to support the development of the third EU report on cancer screening implementation, bringing together stakeholders from across Europe to strengthen the evidence base for screening policies. Discussions focused on harmonized data reporting, refinement of monitoring indicators, and improved evaluation of population-based screening programmes. By supporting more effective early detection strategies, the workshop contributes to improving cancer outcomes and public health impact across Europe.

116. IARC participated in the kick-off meeting of the "*Latvia* and *Luxembourg*: Improving Cancer Screening" project, a European Union–funded technical support initiative. The two-year project aims to strengthen cancer screening and subsequent care in Latvia and Luxembourg, supporting alignment of national programmes with EU cancer screening recommendations and improving early detection and cancer control outcomes.

117. IARC hosted the launch meeting of the **European Commission Initiative on Gastric Cancer Working Group**, bringing together multidisciplinary experts to advance evidence-based guidance for gastric cancer prevention in Europe. The group agreed on a roadmap to develop the first European guidelines for *Helicobacter pylori* screen-and-treat strategies, including preparatory work for quality assurance schemes and training on evidence-to-guideline translation methods. These outcomes support coordinated regional efforts to strengthen gastric cancer prevention and early detection through scientifically robust policy recommendations.

118. IARC contributed scientific expertise to a policy event on liver health and cancer prevention organized in the European Parliament. Engagement in such policy forums supports the translation of scientific research into public health action, strengthening cancer prevention strategies in Europe and globally.

119. IARC participated in the 15th Thematic Working Group meeting of the European Cancer Inequalities Registry, engaging with the European Commission, EU Member States, and the Organisation for Economic Co-operation and Development to support evidence-based policies to reduce cancer inequalities. The work contributes to monitoring cancer inequalities and informing more equitable prevention, treatment, and care policies across Europe.

120. IARC presented research from the EASTER project in a seminar hosted by the United States National Cancer Institute (NCI). The project focuses on developing an affordable, AI-driven cervical cancer screening, triage, and treatment tool to support early detection strategies. This work is relevant to cancer prevention research priorities in the *United States of America*, particularly in advancing innovative screening technologies, biomarker-based early detection, and precision prevention approaches supported by NCI research programmes.

121. IARC strengthened scientific collaboration and outreach in *Japan* through participation in the 33rd Annual Meeting of the International Congress on Nutrition and Integrative Medicine (ICNIM2025) in Sapporo. This engagement reflects the Agency's commitment to international scientific cooperation, knowledge dissemination, and partnership-building with Japanese research and public health communities.

122. IARC strengthened scientific collaboration with *China* through participation in the 10th Big Data Forum for Life and Health Sciences in Beijing. This engagement supports ongoing cooperation with Chinese research institutions, including the China National Center for Bioinformation, in advancing big data applications for cancer research and prevention.

123. IARC hosted a kick-off webinar for *19 African and Lusophone countries* participating in the CanScreen5 project, marking an important step in strengthening cancer screening capacity in the region. The meeting aimed to update participants on screening activities, present the 2025 roadmap, and reinforce collaboration across countries. The initiative includes new participation from *Angola,*

Eswatini, Ghana, and Nigeria, supporting the expansion and monitoring of cancer screening programmes across Africa.

124. IARC contributed to strengthening cancer research capacity in *Africa* through participation in the biennial conference of the African Organisation for Research and Training in Cancer (AORTIC). The presentation on the Biobanking and Cohort Building Network (BCNet) reviewed 10 years of collaboration supporting biobanking and research capacity in LMICs, including the expansion of digital knowledge-sharing approaches. This engagement highlights the long-standing partnership between IARC and African research communities to advance cancer research infrastructure, training, and collaborative scientific development across the continent.

125. IARC participated in the Third International Meeting in Oncology Research in *Brazil*, organized by the Brazilian National Cancer Institute (INCA), where they delivered presentations and facilitated a workshop on strengthening resilient cancer control. The workshop, co-organized with the Pan American Health Organization (PAHO), focused on findings from the IARC Initiative for Resilience in Cancer Control (IRCC) Brazil case study and on developing policy-oriented recommendations for cancer control in crisis contexts. The discussions aimed to support alignment with national cancer policy and international frameworks, including WHO commitments on noncommunicable diseases, contributing to more resilient and effective cancer control strategies in Brazil.

126. IARC strengthened collaboration with *Egypt* by contributing scientific expertise to an event hosted in Cairo by the Egyptian Ministry of Health and Population marking the country's progress toward hepatitis C elimination. Egypt's achievements in hepatitis C elimination provide an important model for other countries, supporting global cancer prevention efforts and the work of WHO toward infectious disease–related cancer control.

127. The third annual meeting of the DISCERN project, coordinated by IARC, brought together international experts to advance research on the causes of colorectal, renal, and pancreatic cancers. Through multidisciplinary sessions, the project supports discovery of previously unknown cancer risk factors, contributing to improved prevention strategies and population health impact. IARC's leadership in large-scale collaborative research and evidence generation strengthens global public health efforts to reduce the burden of poorly understood cancers.

128. IARC hosted a side event to the United Nations General Assembly in New York to present recent research findings on childhood cancer, nutrition, and the microbiome. The meeting brought together policy-makers and global experts to discuss opportunities to strengthen multidisciplinary NCD care for children and adolescents, reduce disparities in access to treatment, and support health system strengthening. The event aimed to translate scientific evidence into actionable policy commitments to improve global childhood cancer and NCD care.

3.3 Strategic engagement highlights

129. The Agency continued building a strong collaborative global network with strategic partners. In 2025-March 2026, the Agency signed **eight agreements** with:

- Memoranda of Understanding (MoU) – North-West University, Potchefstroom, South Africa
- MoU – African Organisation for Research and Training in Cancer (AORTIC), Cape Town, South Africa
- MoU – Campus Sciences-U, Lyon, France
- MoU – The National Cancer Institute, Bangkok, Thailand
- MoU – Ecole Brassart, Lyon, France
- Consortium Agreement G7 Cancer – Canadian Institutes of Health Research (CIHR) – Canada; Cancer Australia – Australia; Cancer Research UK (CRUK) – United Kingdom; German Cancer Research Centre (DKFZ) – Germany; National Cancer Centre (NCC) – Japan; National Cancer Institute (INCa) – France [IARC as observer]
- Convention de partenariat Triennale – Musée des Confluences, Lyon, France
- Co-operation Agreement – The Swedish Cancer Society, Stockholm, Sweden.

Three amendments were signed in 2025:

- MoU amendment – Association for Molecular Pathology, Rockville, United States of America
- MoU amendment – Union for International Cancer Control (UICC), Geneva, Switzerland
- MoU amendment – St. Luke's International University, Tokyo, Japan

130. In 2025, IARC signed **28 Collaborative Research Agreements** (CRAs) with partners institutions on specific research projects aligned with the MTS 2026-2030.

131. In 2025, IARC continued to strengthen its **data protection framework** and practices to ensure ongoing alignment with internationally recognized standards. Key developments include:

- The briefing programme on Data Protection for newcomers was extended to include Early Career and Visiting Scientists, ensuring harmonized training for all new personnel;
- A new platform that enables secure access by external collaborators to scientific data on the IARC Scientific IT Platform was successfully piloted. This platform expands the range of available analytical tools for a reduced cost while upholding IARC's Data Protection standards;
- The Register of Records of Data Processing Activities (ROPA), covering both scientific and administrative data processing activities, was audited and updated;
- IARC continued to collaborate closely with WHO on data protection matters to ensure alignment where required. IARC's Data Protection Officer, joined and actively participated in WHO's Interim Personal Data Protection Committee.
- IARC strengthened interactions with international stakeholders, such as scientific collaborators, the European Commission, the European Data Protection Supervisor, networks

of international organizations, including within the United Nations, and data protection authorities, to ease and improve data sharing;

- More than 200 agreements with scientific collaborators from around the world were concluded, arranging transfers of scientific data and/or biological samples to and from IARC, ensuring implementation of ongoing and new research initiatives and alignment with data protection standards.

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*

132. 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 **one new Participating State in May 2025: Portugal**.

133. 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.

134. 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.

135. The May 2026 IARC@60 anniversary conference, co-organized with the French government, presents a unique and strategic opportunity to attract new Participating States. This major global event will bring together leading cancer research experts, celebrate IARC's achievements, and facilitate high-level collaboration. In partnership with the French authorities, the Secretariat is actively leveraging diplomatic channels and French influence to engage and persuade additional countries to join as Participating States. By highlighting IARC's value and strategic impact, and through strong diplomatic efforts with France, the Agency aims to secure new memberships and further extend IARC's contribution to global cancer research and prevention.

(ii) Explore innovative resource mobilization

136. 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.

137. The IARC Secretariat has recently re-launched its crowdfunding platform to encourage affordable donations from a broad base of private individual donors. As a unique incentive, contributors have the chance to write their names on the glass door of the IARC building in recognition of their support, making participation accessible to many for only a small donation. During the IARC@60 anniversary campaign, the Agency is hosting numerous events, providing visitors with opportunities to actively engage in research programs. This interactive approach not only raises funds but also fosters community involvement and awareness around cancer research and prevention.

138. In addition to individual contributions, the Secretariat has been in dialogue with partners about sponsoring dedicated sessions at the upcoming IARC@60 conference. Organizations such as St Jude's Hospitals, Canadian Cancer Society, and CIHR are currently evaluating the possibility of making a financial contribution, which would enable them to participate in and support the conference's activities.

139. 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*

140. IARC's third strategic priority for resource mobilization is expanding direct, flexible funding through partnerships, particularly with the private sector. Notable successes include a **one million US dollar grant from Good Ventures Foundation** for a project in Zambia to assess the efficacy of a single HPV vaccine or a grant from the UK Medical Research Council to support the IARC Initiative for Resilience in Cancer Control (IRCC).

141. Supported by the Ministry of Environment of *Nigeria* through the Hydrocarbon Pollution Remediation Project (HYPREP), scientists from IARC and partner institutions are to launch a human biomonitoring health study in Ogoniland. The goals of the project are to investigate the health impacts of hydrocarbon pollution in the general population and affected occupational groups, build capacity for local health professionals, and provide clear recommendations for public health responses based on the results.

142. In 2025, direct funding agreements represented **29%** of the euro amounts signed by the Agency for voluntary contributions

143. 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)

144. 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 proposed by and conducted at the Agency.

145. These contributions represented 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.

146. 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 187 funding opportunities in 2025 for IARC colleagues to consider pursuing.

147. Thanks to an Agency wide effort, the number of new grant applications and direct funding requests submitted in 2025 reached a total of 267 (first stage and second stage applications), representing a 22% increase in comparison to 2024 (**Table 12**). This reflects the commitment of the Agency's scientists and administration to secure sufficient and diversified extra budgetary funds to conduct the crucial research defined within the IARC MTS.

148. The Agency signed extrabudgetary contracts amounting to a total value of **€34,94 million in 2025; of which €20,68 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 (NIH) was IARC's number one funder in 2025 with €3.48 million granted to IARC for the initiation or continued implementation of 13 different research projects. The French Institut National du Cancer (INCa) follows very closely with €3.46 million granted to IARC for 11 research projects (incl. eight IARC coordination).

149. Funding opportunities available to IARC under the Horizon Europe, EU4Health and Cancer Mission programs have also been closely monitored throughout the year. Through a co-funding from DG Health and Food Safety, IARC has been trusted once again to prepare the third report on the status of implementation of the Council Recommendations on cancer screening. IARC also obtained funding to work on the European guidelines and quality assurance on primary prevention of gastric cancer. In 2025, IARC has also continued to be called upon for its crucial expertise on support to national cancer screening programs (support to Latvia and Luxembourg for instance, funded by SG REFORM and its Technical Support Instrument).

150. A supporting scheme has been set-up in 2025 by the IARC Resource Mobilization Office (RMO) to specifically encourage and support IARC scientists to apply to the European Research Council (ERC)

grants. Specific events involving former ERC grantees and evaluators were organized and an internal review process, mimicking the ERC evaluation procedure was set up. Events gathered 90 participants and five IARC scientists eventually applied for an ERC individual grant in 2025.

151. Dr Paul Brennan, Head of the Genomic Epidemiology (GEM) Branch at IARC, together with Professor Sir Mike Stratton and Dr Trevor Lawley of Wellcome Sanger (United Kingdom), received a grant from the ERC to investigate causes of early-onset colorectal cancer. The project builds on prior evidence suggesting that early-life exposure to certain gut bacteria producing DNA-damaging toxins may contribute to rising early-onset colorectal cancer incidence. The 6-year study will collect biological samples from more than 3000 participants across 10 countries to examine links between bacterial genotoxic activity, mutational signatures, and tumour development, aiming to inform future prevention strategies.

152. Overall, the figures on extrabudgetary contracts represent an outstanding achievement given the extremely competitive nature of research funding, triggered by the decreasing number of funding opportunities available for cancer research. As an example, the NIH went from an annual average of 700 notices of funding opportunities (NOFOs) published in a given year to only 120 announcements posted in total in 2025.

153. 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 2025 was **€22.13 million**. This represented approximately 45% of the overall combined expenditure from regular budget and voluntary contributions (**Figure 5**).

154. About 87% of the contributions signed in 2025 came from the following 10 funders, as shown in **Figure 6**.

- National Institutes of Health/National Cancer Institute and National Institute of Dental and Craniofacial Research (NIH/NCI and NIH/NIDCR, United States of America)
- Institut National du Cancer (INCa-FR, France)
- Federal Ministry of Environment of Nigeria (NG-MoEnv, Nigeria)
- European Commission – Various DGs (EC, European Union)
- World Cancer Research Fund International (WCRF, United Kingdom)
- Cancer Research UK (CRUK, United Kingdom)
- Good Ventures Foundation (GV, United States of America)
- Neuroendocrine Tumor Research Foundation (NETRF, United States of America)
- Norwegian Institute of Public Health (NIPH, Norway)
- Agence Nationale de Recherche sur le Sida et les Hépatites – Maladies infectieuses émergentes (ANRS-MIE, France)

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

155. 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.

156. During the course of 2025, 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.

157. 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.

158. In October 2025, IARC senior management held a discussion about alternative sources of funding for IARC, which touched upon the possibility to be more open to collaborations with some private sector entities, while ensuring risk mitigation measures. The FENSA policy proved to be a useful framework to balance potential risks against expected benefits for IARC, also considering the likelihood of the risk.

159. Under the simplified procedure, due diligence and risk assessment are conducted by the RMO 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.

160. 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.

161. In September 2025, IARC contributed to the report presented to the 158th session of the WHO Executive Board by providing information on the implementation of FENSA at IARC (https://apps.who.int/gb/ebwha/pdf).

162. In 2025, IARC applied the low-risk simplified procedure for **385 NSAs** (unique values) with whom IARC engaged either through funding applications and contribution agreements (349 NSAs) or through other types of engagement (36 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 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.

163. IARC did not have to resort to applying the standard procedure for complex engagements in 2025.

164. To conduct its research activities, IARC often takes part in large consortia involving multiple NSA entities. Being part of these consortia and collaborating with several NSAs is very important to achieve IARC's mission of international collaboration on cancer research, and it enhances the chances of obtaining funding in a very competitive research funding field. As an example, IARC, along with 17 NSA collaborators, is participating in the IMPULSION project (on lung cancer screening programme) funded by the French INCa. The FENSA policy has been implemented, and due diligence and risk assessments were conducted for all NSAs involved in the project.

165. 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 1750 NSA profiles had been prepared and archived by the end of 2025). IARC also maintains a NSA Register in which 690 NSAs have a complete set of FENSA-relevant documentations at this stage. This internal resource has allowed IARC colleagues to rely on already acquired documentation in the great majority of our engagements in 2025.

166. 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 IARC Medium-Term Strategy (MTS) 2026–2030 and the Strategic Prioritization Framework

167. The new **MTS 2026–2030** sets out IARC's most ambitious and forward-looking agenda to date, reaffirming the Agency's mission to **bridge science and action for global cancer prevention**. Building on the successes and lessons of the 2021–2025 cycle, the MTS establishes **three outcome-level results** supported by the bold **100% Commitments**: ensuring that all IARC research outputs are **policy-relevant**, that all projects are **designed for equity**, and that IARC's work is fully **future-ready**, integrating the seven major megatrends shaping global cancer control. The Strategy strengthens IARC's integrated model across the four scientific Pillars—**Data, Discovery, Implementation, and Knowledge**—and reinforces the role of the 10 **IARC Flagships** as engines of global impact. It also introduces new cross-cutting priorities, including the WHO global initiatives on cancer, lung health, and planetary health, supported by a set of five "Bridges" that modernize governance, partnerships, operations, and communication to accelerate real-world impact.

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

169. An Advisory Group has been established, as detailed in Document GC/66/9, to guide and review the MTS 2026–2030 throughout its elaboration.

170. 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, Director's Office)

171. Recognizing that the level of ambition set out in the new MTS 2026-2030 cannot be fully delivered under current resource conditions, IARC has developed a **Strategic Prioritization Framework** to accompany and operationalize the MTS. This Framework responds directly to the financial constraints imposed by Zero Nominal Growth and persistent contribution arrears, by providing a **transparent, evidence-based method for allocating limited resources**. Using a multi-criteria decision analysis process, co-developed with the Governing Council, Scientific Council, and WHO, more than 40 prioritization criteria were assessed to determine which activities are mission-critical and must be **protected**, which could **expand** should additional resources become available, and which may need to be **paused or phased out**. The resulting tiered portfolio under which 86% of projects were classified as Tier 1 or Tier 2—clarifies what IARC can realistically deliver within current funding levels, and what additional investment would be required to unlock further impact.

172. Applied across the Agency, the Strategic Prioritization Framework highlighted significant misalignments between IARC's strategic priorities and the historical allocation of Regular Budget (RB) resources. This global, evidence-based assessment informed a series of difficult but necessary management decisions aimed at safeguarding the Agency's core scientific functions under sustained financial constraints. In this context, the analysis showed that a substantial share of activities within the Epigenetics and Mechanisms (EGM) Branch did not fall within the highest priority tiers defined under the agreed criteria. As part of the broader realignment of the Agency's scientific portfolio, the decision was therefore taken to close the EGM Branch effective 1 January 2026, while redistributing scientific staff to other Branches in line with their expertise in order to preserve critical skills and strengthen overall scientific coherence. **In parallel, and as a direct consequence of the Agency-wide prioritization exercise and the lack of available RB resources, four RB-funded positions were identified for abolition**, in accordance with applicable institutional procedures.

173. This **Strategic Prioritization Framework** marks a turning point in IARC's management and governance. It safeguards IARC's core scientific functions—including global cancer surveillance, authoritative hazard evaluation, and major international research collaborations—while transparently signaling where critical scientific opportunities cannot progress without additional commitments from Participating States. The Framework now serves as an integrated **management, planning, and communication tool**, guiding internal decision-making, shaping project development, and providing Participating States with a clear understanding of the trade-offs imposed by chronic underfunding. Updated project-development and funding rules linked to the tier system entered into force in **January 2026**, ensuring that IARC maintains a sustainable, coherent, and high-impact project portfolio throughout the MTS cycle.

174. Taken together, the MTS 2026–2030 and its Strategic Prioritization Framework articulate both IARC's scientific ambition and the financial realities it faces. They demonstrate a disciplined, looking-forward approach that protects IARC's role as a global scientific authority, while making explicit the consequences of prolonged resource constraints.

175. To further inform Governing Council deliberations, IARC will publish a**n analysis** in conjunction with the 2026 Governing Council session and the IARC 60th Anniversary Conference. Drawing on evidence from **30 country case studies covering all Participating States (https://www.iarc.who.int/iarc-impact-in-practice-from-global-cancer-science-to-national-**

action/), the analysis examines how international cancer science is translated into national policy and practice. It shows that **sustained investment in shared scientific infrastructure - such as surveillance systems, independent evaluations, training platforms, and governance mechanisms - is a critical precondition for effective cancer prevention and control**. It also highlights that, under current funding trajectories, the principal risk is less abrupt programme failure than the **gradual erosion of the institutional conditions that allow evidence to inform action**, particularly in countries most dependent on shared international functions. The analysis will clarify what is at stake for global cancer prevention if chronic underfunding of the world's cancer agency persists and will be accompanied by a set of recommendations directly relevant to the implementation of the MTS 2026-2030.

176. In parallel, IARC is supporting the development of a peer-reviewed comparative paper examining *Mexico*'s and *Brazil*'s engagement with IARC. By comparing two different trajectories of collaboration and participation, this analysis will provide a scientifically grounded basis for demonstrating the benefits of engagement with IARC, including the value of membership and sustained institutional partnership. It is intended both to inform outreach to potential new Participating States and to serve as a model that could be extended to additional countries in future.

177. Taken together, these two initiatives are intended to make IARC's contribution more visible, more evidence-based, and more relevant to policy and governance discussions. They will provide a stronger foundation for strategic engagement with Participating States, potential new Participating States, and other stakeholders on IARC's future role, sustainability, and the shared responsibility required to maintain the international scientific functions on which global cancer control depends.

178. The draft proposal of the MTS 2026–2030 and the Strategic Prioritization Framework were presented for review at the 62nd session of the Scientific Council in February 2026 and will be subsequently submitted for approval at the 68th session of the Governing Council in May 2026 (document GC/68/13 and Annexes).

4.2 Modernizing IARC's administrative systems

179. Building on the Agency's ongoing modernization efforts, the implementation of the new **Enterprise Resource Planning (ERP) system, Quantum**, has advanced substantially over the past year. The Quantum project, developed in partnership with the United Nations Development Programme (UNDP), began in September 2025, continues to progress as planned for completion in May 2026, and remains within the approved budget. As with any ERP deployment, an initial phase of adaptation is foreseen. Nonetheless, the system is expected to deliver a wide range of anticipated benefits, including real-time access to financial data, improved reporting capabilities, and streamlined administrative and financial processes. By joining the ERP coalition rather than undertaking the development burden alone, IARC benefits from economies of scale from a proven, well-tested platform used by several UN agencies.

180. In 2025, IARC successfully rolled out the **IARC Services Portal** for several domains under the Services to Science and Research (SSR) branch & the Learning Capacity Building (LCB) branch. This portal is a unified ticketing system designed to streamline a range of internal and external requests to SSR & LCB and strengthen coordination across administrative and scientific functions. The platform

offers personnel a single-entry point for submitting and tracking their requests to SSR & LCB teams. Building. On the initial integration of Information technology (IT) Services' incident reporting, the Portal's capabilities were expanded to include modules for travel expense claims, building and facilities requests, fellowships office and learning-related requests, publication-related queries, requests for legal reviews, as well as clearance and approval requests managed by the Office of the Director of Administration and Finance. The platform aims to enhance efficiency, transparency, and responsiveness by enabling users to follow the status of their requests, while centralizing records for improved reporting and resource planning by the administrative services

181. IARC continues to refine its **cybersecurity** posture through several key initiatives. Multi-factor authentication has been extended to external users, such as suppliers, consultants, and collaborators - not only for applications but also for remote connections to the IARC network (VPN). Continued mandatory cybersecurity training for all personnel is complemented by targeted in-person and virtual security sessions to foster a culture of awareness. The renewal of cybersecurity managed services provided an opportunity to review endpoint protection policies. Additionally, further network segmentation and a general review of firewall policies are underway. In parallel, ongoing efforts have been made to improve the **digital workplace** by standardizing the service support solution across all levels of administration. This harmonization aims to enhance operational efficiency and facilitate access to support services for the IARC user community.

182. All the essential modules for the **IARC Building Operating System** were implemented in 2025. The energy monitoring module is now operational and enables precise tracking and measurement of energy consumption. This module notably made it possible to produce the Agency's carbon footprint assessment in 2025.

183. In 2026, a dedicated monitoring and analysis mission will focus on energy consumption in order to identify potential reduction measures and assess their environmental as well as economic impacts. Another process improvement initiative was also carried out in 2025 - the development of an IT connector linking two previously independent management systems. This connector allows intervention requests (tickets) submitted by agency staff to be automatically transmitted to the maintenance tracking tool. This development is expected to generate time savings and improve traceability.

184. Between 2023 and 2025, **the IARC Scientific IT (SIT) Platform** underwent rapid growth and widespread adoption. Internal use became the standard among a growing number of IARC personnel, while computing time more than doubled, reaching nearly 10 million Central Processing Unit hours. Data storage also saw considerable growth, securing over 1.3 petabytes (PB). Furthermore, the platform's usage by external collaborators accelerated, enabling 115 external scientists to access scientific data remotely.

Recognizing the importance of the SIT Platform for IARC's research, and responding to the significant growth of its use, IARC has continuously worked on improving the SIT Platform. With the approval of the Governing Council in May 2025, support from the Governing Council Special Fund was successfully secured to update the computing infrastructure. This project was initiated with an assessment of

different architectures, technologies, and systems, and the next steps of the infrastructure upgrade are in progress.

The increasing demand for a broader range of analysis tools for external collaborators prompted the launch of a pilot initiative to test a new platform designed to expand the range of available analysis tools aligning them with the existing analysis tools currently accessible by IARC personnel. This pilot proved successful, and the new platform is set to be implemented in 2026.

185. As IARC embarks on the next five-year period of the MTS 2026–2030, the administration reiterates its commitment to ongoing adaptation in support of the Agency's mission and ensuring that administrative policies, procedures and process remain agile and effective.

4.3 Personnel

186. As of 28 February 2026, there were a total of **429** including **260 staff members** and **169 ECVS**, contributing to the activities at the Agency. For comparison, the number of personnel at the Agency in 2023, 2024 and 2025 was 351, 382, and 403 respectively.

187. On the pre-doctoral level, ECVSs include 15 master's students, 2 Continuing Professional Development Trainees, and 33 Doctoral students. On the post-doctoral level and above, ECVS include 32 Visiting Scientists, 15 Senior Visiting Scientists, and 72 Postdoctoral Scientists.

188. As of 28 February 2026, the Agency employs 240 fixed-term staff, ten more than in 2025. Of these, **120 (50%) are Professional staff** (74 females and 46 males) and **120 (50%) are General Service** staff (86 females and 34 males, a decrease of three). There are also 19 temporary staff, one more than in 2025. Among Professional staff, 23 (19%) work in support services, unchanged from 2025. Most temporary administrative appointments support short-term backfilling during the design, testing, and implementation of the Quantum system.

189. Staff positions funded through the regular budget remain largely unchanged, with **150.7 approved posts for 2025–2026**, financed through the assessed contributions of Participating States, compared with 148.7 posts in 2025. Accordingly, 32% of General Service staff and 25% of Professional staff are covered by the regular budget, consistent with the previous year.

190. Since 2015, the number of regular-budget posts has declined, the number of temporary positions has increased, and the number of Professional staff has decreased (**Table 13**; **Figures 7a–c**).

191. Females continue to outnumber males in Professional staff positions (61.6%, up one percentage point). At senior levels (P4 and above), the proportion of female is lower, particularly at P5 and above (43% at P4, 37.5% at P5 and above). While there has been some improvement at P5 and above through recent appointments, P4 proportions remain stable. Notably, the two most senior positions in the Agency are currently held by females from LMICs.

192. Overall, IARC staff members come from **48 different countries** worldwide, as first nationality with a total of **49 nationalities** represented at the Agency. Of the staff on fixed-term contracts, 90.3% are from Participating states (225 out of 249).

193. 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 Jessica Cox, P2, Technical Editor

Dr Agneta Kristia Kiss, LY4, Scientist

Mr Alexis Schreiber, LY5, Linux System Analyst

Ms Sophie Sibert, LY4, Secretary

Completion of Appointments

Mr Kojo Anoyaw-Osei, LY4, Service Desk Analyst

Mr Omar Dridi, LY4, Finance Assistant

Ms Cynthia Mitri, LY4, Information Assistant

Ms Sarah Sherwood, LY4, Administrative Assistant

Retirements or pre-retirements

Dr Zdenko Herceg, P5, Scientist

Ms Monika Moissonnier, LY4, Research Assistant Data Management & Analysis

Ms Nicole Suty, LY4, Secretary

Separation

Mr Sebastien Agathe, LY4 , Windows & End User Computer Administrator

Fixed-term appointments:

Dr Pauline Boucheron, P1, Scientist

Dr Beatriz Cordeiro Jardim, P2, Scientist

Mr David Daly, LY5, Business Application Developer

Dr Fikret Dirilenoglu, P3, Pathologist

Dr Alessandra Ferrario, P3, Scientist

Dr Andrea Gini, P1, Scientist

Ms Velislava Koleva Dabos, P2, HR Officer

Dr Alina Macau, LY5, Senior Research Assistant

Dr Yahya Mahamet Saleh, P1, Scientist

Dr Farah Nassar, P1, Scientist

Dr Arianis Raimirez Pineda, P1, Scientist

Dr Sergey Senkin, P1, Scientist

Dr Alexandra Sexton-Oates, P1, Scientist

Dr Kayo Togawa, P2, Scientist

Dr Semi Zouiouich, P1, Scientist

Temporary appointments:

Ms Titilope Akinwande, LY 6, Senior Finance Assistant

Ms Khaoula Aribi, P2, HR Officer

Ms Julie Chupin, LY4, Project Assistant

Ms Aglae Cuby Pierre de Borville, LY3, Resource Mobilization Clerk

Ms Leslie Delbar, LY4, Procurement Assistant

Ms Cynthia Faure, LY4, Finance Assistant

Ms Apostolia Gougousi, LY4, Project Assistant

Dr Joanne Kim, P1, Scientist

Dr Michele Matta, P1, Scientist

Ms Sharon Paul, P2, Technical Editor

Ms Melissa Sia, LY5, Budget and Compliance Assistant

Ms Vibha Thirumalai Repellin, LY4, Assistant (Fellowship and HR)

Mr Shaun Wijeyanathan, LY4, Finance Assistant

4.4 IARC Advisory Groups and learning programmes

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

195. In 2025 EDAG organized multiple initiatives to strengthen diversity, equity and inclusion at IARC, including:

- A round-table discussion for International Women's Day 2025 jointly organized by EDAG and the Respectful, Safe and Healthy Work Environment (RSHWE) initiative,
- A staff afterwork event,
- A disability awareness activity to mark the International Day of Persons with Disabilities,
- A review of the Terms of Reference for EDAG's operations and collaboration between the group and the Administration,
- Installation of free menstrual hygiene product dispensers in washrooms on each floor of the Agency, and
- Continuing discussions with other groups at other organizations (EUROCONTROL, Interpol, WHO, etc.) about their roles, activities, support from their administrations, and other matters.

196. With the commitment to reduce the Agency's environmental impact, in alignment with the IARC MTS, the Strategy for Sustainability Management 2020–2030 within the United Nations System and

the Greening the Blue initiative, IARC established the **Sustainable Research Agency Committee** (SRAC) in 2023. The SRAC aims to position IARC as a global model for sustainable research by integrating sustainability across governance, research, and support activities. Its mission includes reducing the Agency's environmental impact while maintaining operational efficiency, raising staff awareness, monitoring emissions, and providing recommendations to senior management.

- In 2025, the Committee achieved several key milestones: awareness-raising initiatives such as webinars on climate change and cancer, a Mobility Challenge Day, and expanded vegetarian menu options; revision of its Terms of Reference to strengthen strategic objectives; and completion of IARC's carbon footprint assessment, covering direct operations, energy use, procurement, and waste. Based on these findings, the senior management endorsed a 20% reduction target for carbon emissions, to be achieved through optimized travel, energy use, procurement, and waste management, embedding sustainability into the Agency's identity and research practices.
- In 2026, the SRAC will define priorities, develop concrete proposals, and prepare a detailed action plan to operationalize the reduction target and ensure measurable impact across the Agency.

197. In 2025, the implementation of the **Learning and Development** (L&D) Framework resulted in significant engagement, with nearly 70% of personnel participating in recommended learning activities, representing close to 200 staff members and more than 100 ECVSs. In total, 47 recommended trainer-led learning sessions were provided by Human Resources Office (HRO) and LCB, attended by 504 participants, as detailed in **Table 14**. The focus was on face-to-face, trainer-led sessions. HRO and LCB remain strongly committed to providing interaction-based and trainer-led learning activities whenever feasible, aiming to enhance workforce skills and competencies while strengthening the Agency's capacity to respond to challenges and meet its priorities. As part of this initiative, 11 trainer-led sessions were conducted, with nearly 140 participants completing learning activities focused on the essentials of open science. These sessions were designed to provide a comprehensive introduction to open science principles and standards, explored how to ensure research and coding reproducibility, and discussed ways to create reliable, shareable code across various platforms. The training also addressed best practices for efficiently automating workflows.

198. Nearly 80 project management training completions were recorded in 2025, including both face-to-face sessions led by the WHO Project Management School of Excellence and self-paced online courses. These learning activities strengthened foundational project management competencies and continued to support the Agency's transition to a project- and activity-based work environment.

199. In line with the Agency's ongoing commitment to fostering a safe working environment and promoting health awareness, learning initiatives in this area were further expanded in 2025. Following the success of first aid courses launched in previous years, 13 training sessions were facilitated by WHO colleagues and external experts and attended by more than 100 personnel. This year, learning topics were broadened to increase women's security awareness, such as personal safety, safer accommodation and travel, and responding to sexual harassment. The programme, carried out with

WHO Academy, aimed to empower female personnel and their dependents in managing security risks and advancing gender equality.

200. Building on the Workforce Transition Support Hub, a WHO's initiative, webinars offered by WHO colleagues relating to mental health, resilience, career transition, and respectful workplace were attended by nearly 140 colleagues throughout the year. In addition, the collaborative efforts of HRO, LCB, Early Career Scientists Association (ECSA) and Staff Association Committee (SAC) led to the launch of the **Working together series**, which aims to promote a culture of respect and professionalism. The sessions are intended to offer structured guidance on WHO/IARC workplace policies and frameworks to prevent and address workplace challenges and provide direction for handling sensitive situations. In 2026, the focus will be on expanding these sessions and encouraging open dialogue. Expanding team coaching efforts initiated in 2023, strength-based team level exercises were continued, together with individual coaching sessions. Furthermore, the strength-based approach was also incorporated into various new training sessions launched in 2025, aiming to help supervisors recognize and build on the unique strengths of their team members, thereby fostering a culture of collaboration, and growth. Additionally, these sessions supported team members with tools to recognize, mediate and manage daily challenges, as well as techniques to prevent, de-escalate, and resolve conflicts effectively.

201. Following the launch of the **IARC Good Supervisory Practice Framework**, significant efforts in 2025 were dedicated to promoting the framework through multiple briefing sessions and discussions regarding its implementation. Promotional materials and a self-reflection tool were developed to support supervisors in identifying their strengths and areas for improvement, as well as providing valuable input for the Agency to determine learning and development needs. After a pilot launch, the tool was revised and guidelines were created outlining its purpose and usage. In 2026, the focus will be on encouraging supervisors to complete the self-reflection tool annually, prior to their formal performance appraisal discussion. The insights gained from the tool will help establish supervisory or managerial objectives and inform the learning and development plan for the forthcoming performance cycle. The overarching aim is to support supervisors in developing their skills with a growth mindset within an open and safe environment. This framework offers essential guidance and benchmarks, aligning supervisory expectations with the Agency's priorities to foster a productive, collaborative, and empowering work environment. With the introduction of the IARC Good Supervisory Practice Framework, the Agency revised its Reward and Recognition programme to reinforce and highlight excellence in supervision. Starting in 2025, the newly launched "*Champion of Supervision*" category will recognize individuals who demonstrate and embody the framework's principles in their work.

202. To support ongoing development and engagement efforts, a new, user-friendly performance management and development tool was created to replace the previous electronic Performance Management and Development System, ePMDS+. This new tool streamlines performance review and approval processes by providing smoother access and improved platform usability.

203. At the start of 2025, compliance rates for the seven mandatory online trainings on the WHO learning platform—including cybersecurity, data protection, addressing abusive conduct, fostering a harmonious environment, and ethical conduct—ranged from 83% to 97%. These figures reflect the

personnel's strong dedication to maintaining organizational standards and promoting a safe, respectful workplace. The previous technical difficulties associated with accessing the WHO learning platform, resulting from the need to navigate between IARC and WHO accounts, have been resolved during 2025, following a migration from dual account to unified IARC-based access. The platform is now accessible via IARC accounts, streamlining access to WHO-related online and self-paced training, and enabling more efficient and smoother participation in learning activities.

ANNEX – TABLES AND FIGURES

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
2021	350 (82%)	41	35	426
2022	319 (79%)	45	42	406
2023	293 (78%)	42	39	374
2024	267 (82%)	34	26	327
2025	**286 (80%)**	**30**	**41**	**357**

Table 2. IARC h-index for 2025 and for five-year period (2021–2025)

	2025 output	Five-year output (2021–2025)
Number of articles	357	1990
Sum of the times cited	1602	197 713
Average citations per item	4.49	99.35
h-index	15	105

Table 3. IARC top 10 most cited articles published in 2025 (as of 6 March 2026)

Title	Total times cited
Global patterns and trends in breast cancer incidence and mortality across 185 countries	410
Colorectal cancer incidence trends in younger versus older adults: an analysis of population-based cancer registry data	131
Recent Patterns and Trends in Global Prostate Cancer Incidence and Mortality: An Update	86
Estimated worldwide variation and trends in incidence of lung cancer by histological subtype in 2022 and overtime: a population-based study	66
Genomics yields biological and phenotypic insights into bipolar disorder	66
Diet-wide analyses for risk of colorectal cancer: prospective study of 12,251 incident cases among 542,778 women in the UK	44
Eradication Therapy to Prevent Gastric Cancer in Helicobacter pylori-Positive Individuals: Systematic Review and Meta-Analysis of Randomized Controlled Trials and Observational Studies	36
The global multiple myeloma incidence and mortality burden in 2022 and predictions for 2045	32
Cancer incidence and mortality estimates in 2022 in southeast Asia: a comparative analysis	26
Updated cancer burden in oldest old: A population-based study using 2022 Globocan estimates	24

Table 4. Top 10 collaborating countries with IARC in 2025 by number of co-authored publications).

Country	Number of publications co-authored with IARC
UK	177
USA	139
France	95
Germany	90
Spain	90
Italy	75
Netherlands	61
Canada	57
Australia	52
Denmark	47

Table 5. Top 10 institutional collaborators of IARC in 2025 (based on co-authored publications).

Institution	Number of publications co-authored with IARC
Imperial College London	80
INSERM	65
University of London	57
German Cancer Research Center (DKFZ)	54
UNICANCER	49
NIH - National Cancer Institute (NCI)	44
Institut Catala d'Oncologia	43
Paris-Saclay University	42
Institut d'Investigació Biomèdica de Bellvitge	40
University of Oxford	39

Figure 1: Altmetric database summary report of IARC 2025 output.

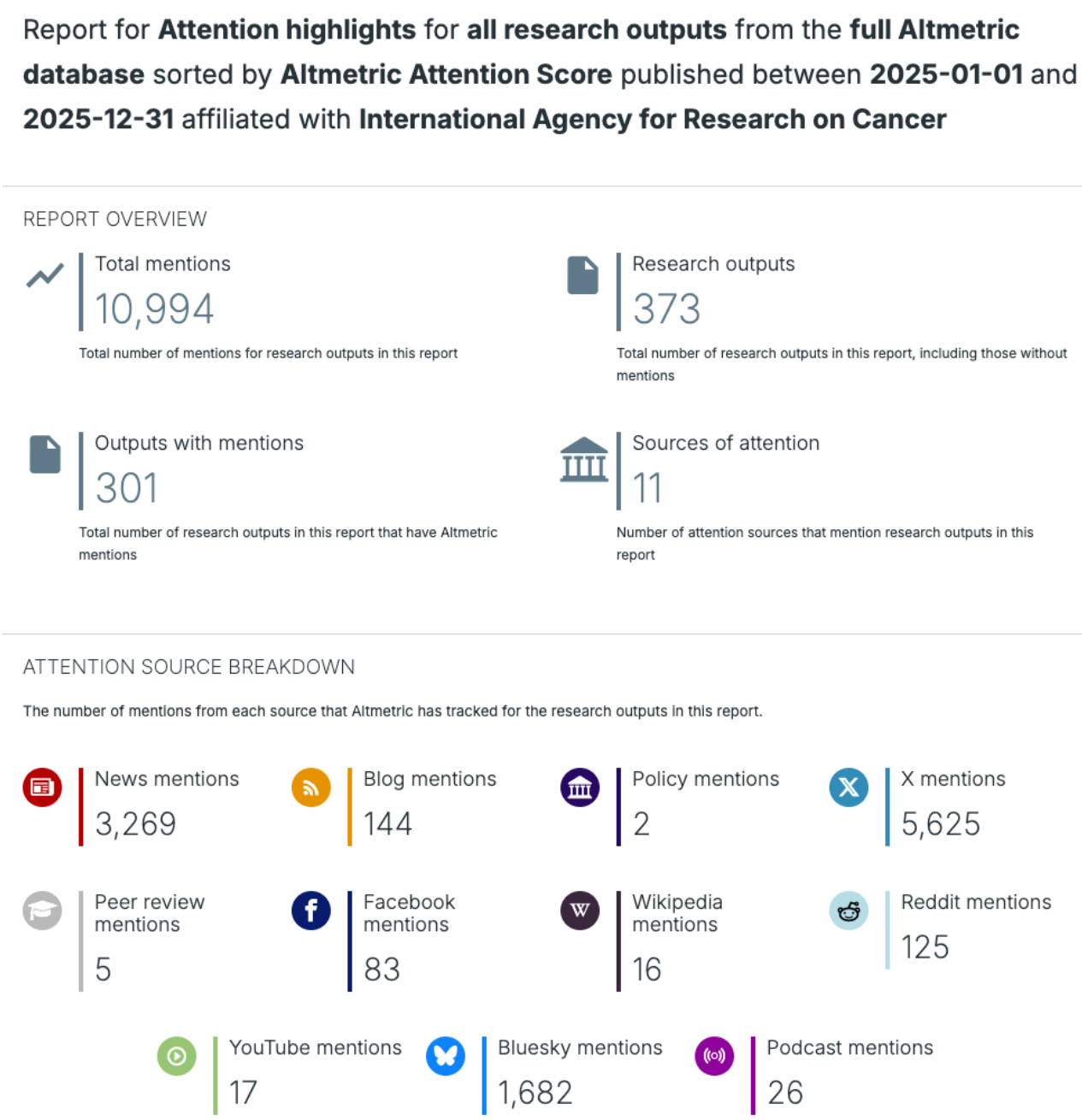


Table 6. List of IARC articles published in 2025 that achieved a high Altmetric score, exceeding 500

Title	Attention score
Diet-wide analyses for risk of colorectal cancer: prospective study of 12,251 participants	3051
Geographic and age variations in mutational processes in colorectal cancer	2515
Tattoo ink induces inflammation in the draining lymph node and alters the immune response	1377
WHO guidelines on waist circumference and physical activity and their joint association with health outcomes	1288
Estimated worldwide variation and trends in incidence of lung cancer by histological subtype	1283
Food additive mixtures and type 2 diabetes incidence: Results from the NutriNet-Santé cohort study	1273
The mutagenic forces shaping the genomes of lung cancer in never smokers	1158
Global patterns and trends in breast cancer incidence and mortality across 185 countries	1126
Early-life anthropometry and colorectal cancer risk in adulthood: Global Cancer Update Programme analysis	1070
Global lifetime estimates of expected and preventable gastric cancers across 185 countries	847
Noninferiority of One HPV Vaccine Dose to Two Doses	602
Tattooing and risk of melanoma: a population-based case–control study in Utah	587
Alcohol intake and pancreatic cancer risk: an analysis from 30 prospective cohort studies	566
Adherence to the Mediterranean Diet and obesity-linked cancer risk in EPIC	553
Plant-based dietary patterns and age-specific risk of multimorbidity of cancer	538
Body mass index and breast cancer risk among postmenopausal women	511

Table 7. Top 10 IARC publications cited in policy documents in 2025

Title
Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries
Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries
Cancer incidence and mortality worldwide: Sources, methods and major patterns in GLOBOCAN
Carcinogenicity of consumption of red and processed meat
Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008
IPCS Conceptual Framework for Evaluating a Mode of Action for Chemical Carcinogenesis
Key Characteristics of Carcinogens as a Basis for Organizing Data on Mechanisms of Carcinogenesis
A review of human carcinogens—Part C: metals, arsenic, dusts, and fibres
The relationship between different dimensions of alcohol use and the burden of disease
The causal relation between human papillomavirus and cervical cancer

Table 8: Visitors to IARC websites in 2025 (in brackets corresponding figures in 2024)

Website	Total visitors	Average visitors/day	Total visits	Average visits/day
www.iarc.who.int	785 296 (673 043)	2152 (1843)	1 102 002 (998 318)	3019 (2735)
IARC Publications	403 837 (365 698)	1106 (1002)	547 419 (524 206)	1500 (1436)
Monographs	297 572 (309 639)	815 (849)	514 662 (513 636)	1410 (1407)
Global Cancer Observatory	996 110 (931 066)	2729 (2550)	1 785 756 (1 835 047)	4892 (5027)

Figure 2: Number of visitors to the IARC website in 2025

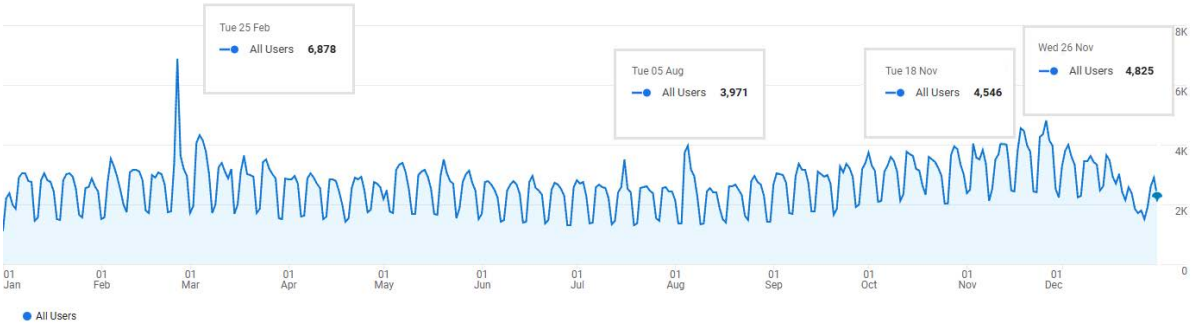


Figure 3: Number of visitors to the IARC Monographs website in 2025

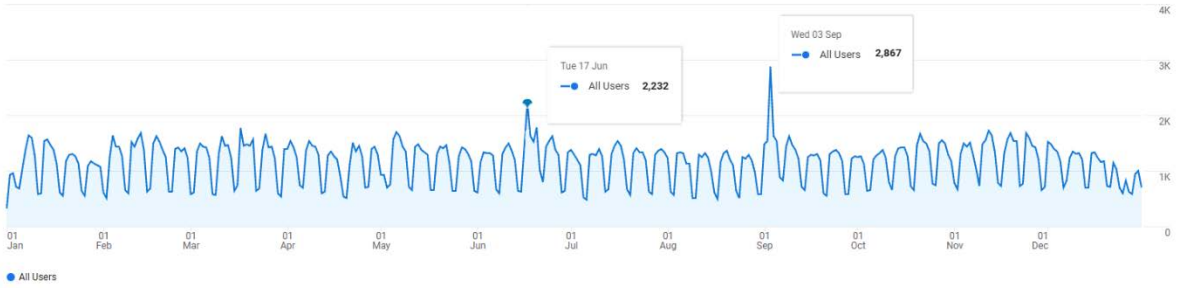


Figure 4: Number of visitors to the Global Cancer Observatory (GCO) website in 2025

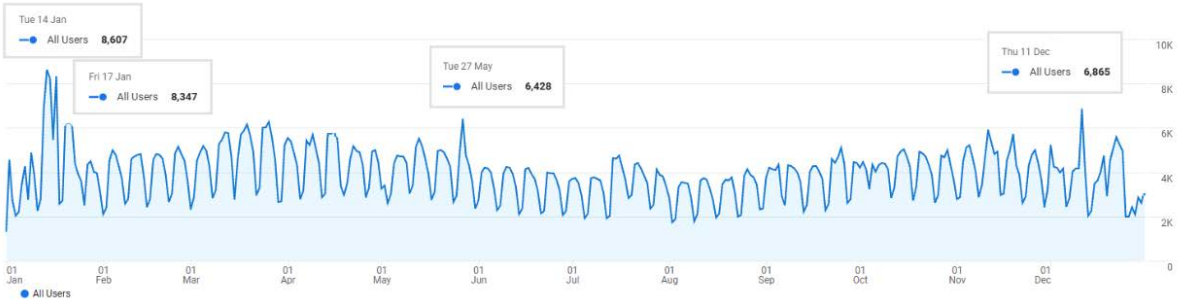


Table 9: Most popular downloads from the IARC Publications website ranked by 2025 data and corresponding figures in 2025

Item	Number of downloads	
	2025	2024
Monographs Volume 114: Red Meat and Processed Meat	70 939	21 432
Monographs Volume 54: Occupational Exposures to Mists and Vapours from Strong Inorganic Acids; and Other Industrial Chemicals	70 932	27 224
Cancer Epidemiology: Principles and Methods	69 893	46 325
Scientific Publication No. 163: Molecular Epidemiology: Principles and Practices	65 407	68 400
Monographs Volume 88: Formaldehyde, 2-Butoxyethanol and 1-*tert*-Butoxypropan-2-ol	61 790	41 120
Monographs Volume 71: Re-evaluation of Some Organic Chemicals, Hydrazine and Hydrogen Peroxide (Part 1, Part 2, Part 3)	61 502	79 519
Monographs Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	56 330	46 093
Monographs Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1–42	49 411	51 833
Technical Publication No. 45: Colposcopy and Treatment of Cervical Precancer	49 249	39 042
Technical Publication No. 42: Identification of Research Needs to Resolve the Carcinogenicity of High-Priority IARC Carcinogens	46 851	24 131
Monographs Volume 135: Perfluorooctanoic Acid (PFOA) and Perfluorooctanesulfonic Acid (PFOS)	46 379	N/A
Monographs Volume 79: Some Thyrotropic Agents	40 633	26 801

After the migration of the Publications website to Amazon LightSail, the method for calculating the number of downloads has changed compared with previous years, and figures may not be directly comparable.

Table 10: 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
2025	5 (5 + 0)	5

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 11: 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*	40	Several online		2026
2025	46	Several online		4421

** 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 12: 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
2025	267	148	34 949 866	20 684 334	22 134 838

[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

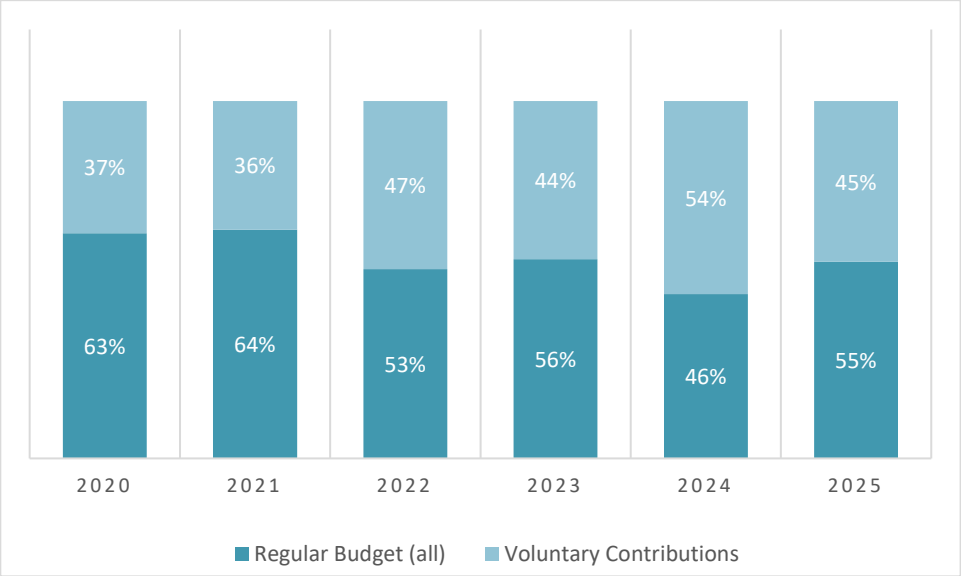


Figure 6: Value of contracts signed in 2025 and top 10 funders (amount in million euros)

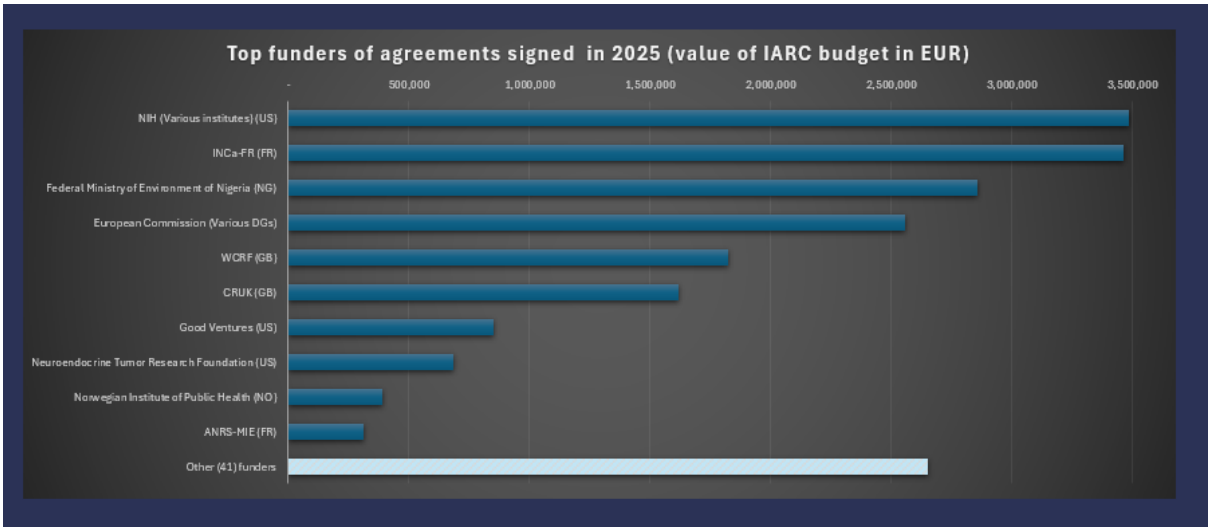


Table 13: Evolution of staff positions since 2015 to date

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	158.28
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	154.2
2024	237	98	39	59	116	30	86	214	23	150.7
2025	250	109	43	66	123	35	88	232	19	150.7
2026	260	120	46	74	120	34	86	240	18	148.7

Figure 7: Evolution of all staff types since 2015

Figure 7a: Staff funded on the regular budget

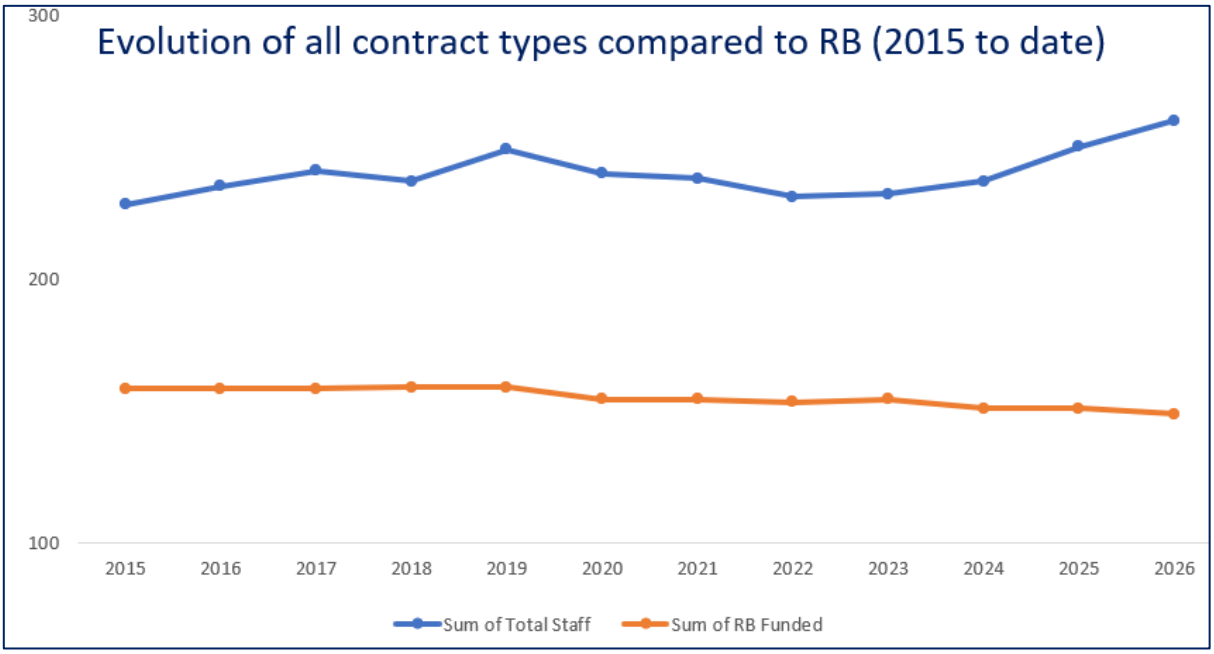


Figure 7b: Temporary versus fixed-term staff

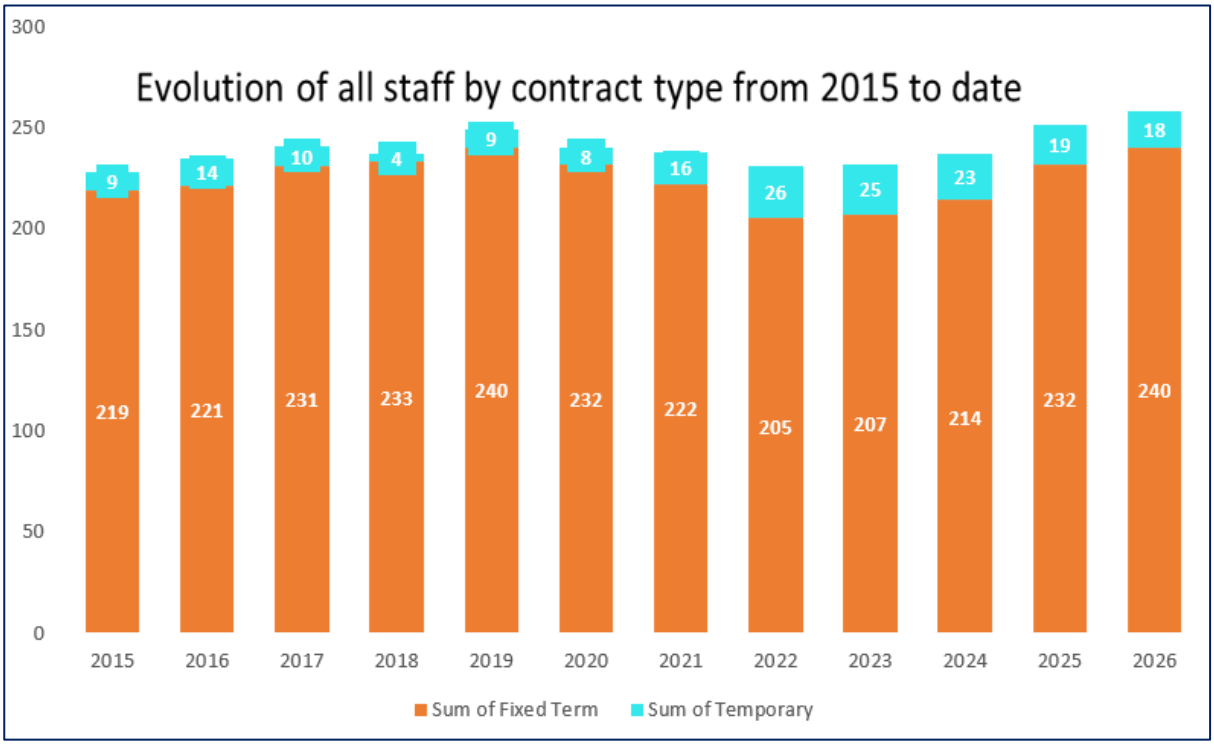


Figure 7c: General Services (GS) versus Professional (P) staff

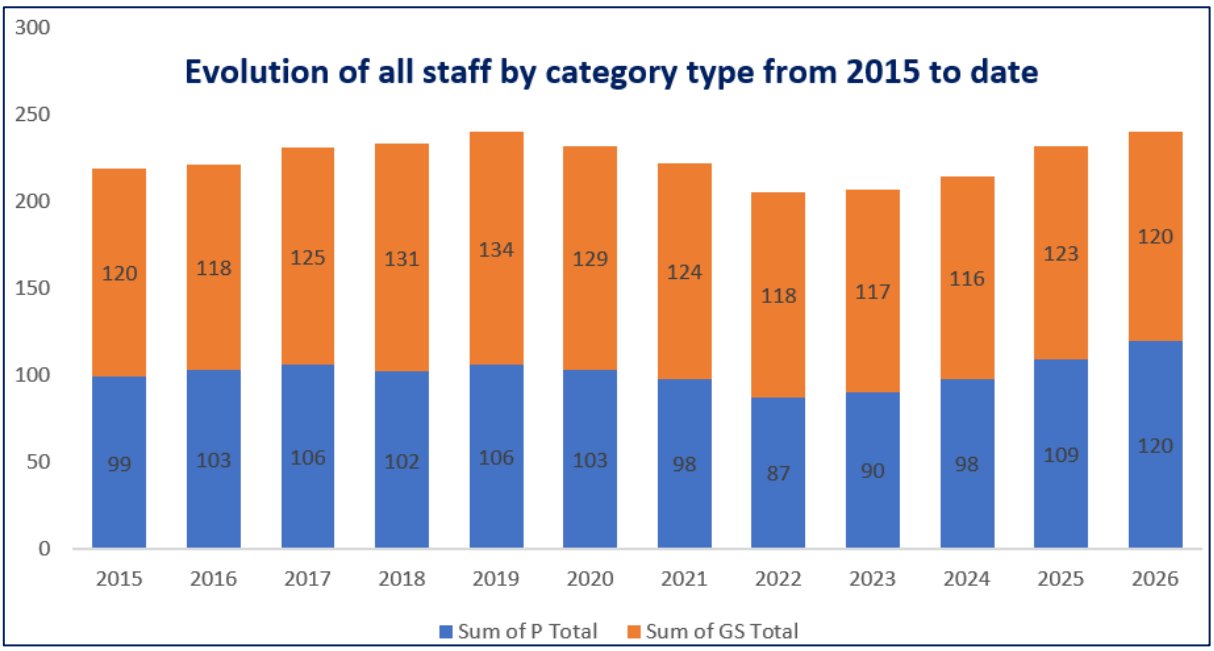
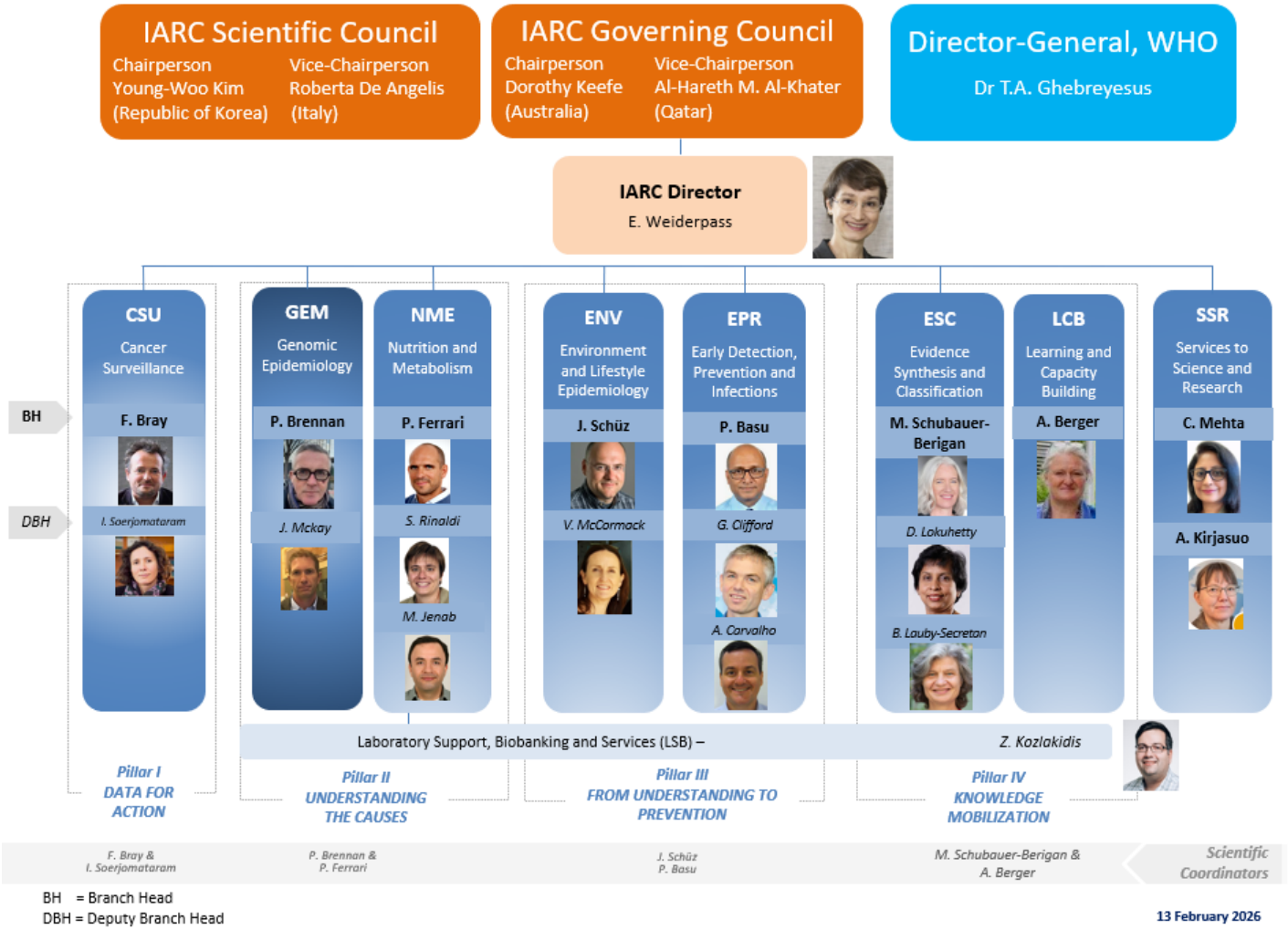


Table 14: Trainer-led activities (Face-to-face or online) organized in 2025 (in brackets corresponding figures in 2024)

Type of training	No. of training session	No. of participants	
		Staff members	Early career and Visiting Scientists (ECVS)
Core competencies training	18 (19)	146 (96)	63 (74)
Job-specific training	28 (12)	125 (70)	162 (171)
Managerial and leadership training	1 (5)	8 (69)	0 (1)
Total	47 (36)	279 (235)	225 (246)

Figure 8: IARC Organizational Structure



BH = Branch Head
DBH = Deputy Branch Head

13 February 2026