International Agency for Research on Cancer

World Health Organization

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Annex 1
Standard Operating Procedure (SOP):
International Agency for Research on Cancer (IARC) *Monographs on the Identification of Carcinogenic Hazards to Humans* Programme

Background

1. IARC and WHO are science- and evidence-based organizations with a focus on public health. IARC performs **hazard identification**, while WHO/HQ is responsible for the **full risk analysis** of specific exposure scenarios, including recommendations about risk management. IARC and WHO/HQ conduct systematic reviews of such information to produce **authoritative documents** to advance knowledge. Close cooperation and coordination between IARC and other parts of WHO in communicating the *IARC Monographs* conclusions and evaluations to all stakeholders is needed.

2. WHO/HQ actively works with IARC in its production of the *IARC Monographs*. WHO/HQ's engagement in the communication strategy ensures that these comprehensive evaluations inform international public health policies and preventive measures.

3. The SOP ensures transparency and coordination between IARC and WHO/HQ in the selection of agents and timing of evaluations; and allows a defined period of time and a procedure for IARC and WHO/HQ to coordinate communication and dissemination activities.

4. Given that the overall responsibility for the *IARC Monographs* Programme rests with the IARC Director, the final decision on the agents to be evaluated and the timing of those evaluations are his/her responsibility. The SC at its 54th Session reiterated this by emphasizing that "the selection of agents and timing of their evaluations should continue to be solely science driven and decided by the Director of IARC" (Document GC/60/4). The SOP ensures that such decisions are made in full consultation with WHO/HQ to achieve consensus.

5. Cancer hazard identification as conducted by the *IARC Monographs* considers all routes and types of exposure. In the specific case of agents that may present **carcinogenic risks in food** (domains covered by JMPR/WHO and JECFA/WHO for risk assessment), the timing of carcinogen hazard identification needs to be agreed with the Secretariat of the JMPR and JECFA. Although the *IARC Monographs* considers all circumstances and routes of exposure (e.g. occupational or environmental exposure during the manufacture or use of food additives or contaminants, which would not be considered in the JECFA/JMPR risk assessments), the respective hazard identification and risk assessment efforts of IARC and WHO/HQ programmes will be **coordinated to the greatest possible degree**, in order to avoid confusion between the roles of the programmes and to maximize the efficiency of the process.

6. This includes **prior agreement on the timing and coordination of communications** to ensure clear interpretation of results and findings. Where appropriate, communications should note the **context of risk assessment** and affirm that the work of the *IARC Monographs* is consistent with evaluations conducted by WHO/HQ risk assessment programmes, when applicable.

7. The *IARC Monographs* Programme, by convening interdisciplinary Working Groups of expert scientists, provides a scientific evaluation of carcinogenic hazards based on a precisely defined methodology (described in the Preamble to the *IARC Monographs*, which was revised in 2019 following an Advisory Group meeting). Each Working Group meeting may include one or more individual agents or evaluations.

8. WHO/HQ follows precisely defined procedures for conducting risk assessments in the context of its normative and standard-setting work, provided in response to requests for guidance on specific topics from WHO Member States, or other public entities. The Guideline Review Committee was established to ensure that WHO guidelines are of high methodological quality and are developed through a transparent, evidence-based decision-making process in which conflict of interest are appropriately managed (as per WHO Handbook on Guideline Development at https://iris.who.int/bitstream/handle/10665/145714/9789241548960_eng.pdf?sequence=1).

Key participants

9. For each *IARC Monographs* evaluation meeting there is an **assigned Responsible Officer** within the *IARC Monographs* Programme.

10. The technical counterparts in WHO/HQ to those at IARC will depend on the particular agent(s) under evaluation at each *Monographs* meeting. For each agent proposed for evaluation by IARC, WHO/HQ will be invited to appoint a **representative/focal point**. If appointed, the focal point will be part of the IARC/WHO Secretariat for the *Monographs meeting*. This role includes assisting in guiding the Working Group in its cancer hazard identification process (according to the published *Monographs* Preamble). The focal point will also facilitate the dissemination of the results, as appropriate. Conversely, IARC may appoint focal points to join a Steering Committee for the Guideline Development Groups or other groups that will perform risk assessment or express expert recommendations on the agent of interest.

11. Coordination in the communication of *IARC Monographs* evaluations is a core aim of this SOP. When a WHO/HQ focal point has been assigned (see article 24), the initial communication of the content of the evaluation should be coordinated at the technical level at IARC and WHO/HQ, while the finalization of communication and dissemination should be coordinated by communication focal points within IARC and WHO/HQ. WHO/HQ is responsible for disseminating information about planned evaluations and results from completed evaluations within other relevant units in WHO/HQ and Regional Offices.

Strategic planning

12. As described to the Preamble to the *IARC Monographs*, an "Advisory Group to Recommend Priorities for the *IARC Monographs*", made up of external scientific experts, meets every five years in relation to the *IARC Monographs* programme. IARC provides the Secretariat to the meeting but does not participate in the recommendation of priority agents for evaluation.

13. The Advisory Group considers the results of a public call for nominations of agents and is responsible for recommending the **priorities for the programme**. All agents on the final retained list are priorities for evaluation, even though the Advisory Group may make an additional sub-classification of "high, medium or low". To be efficient, IARC may evaluate several priority agents in a single *IARC Monographs* meeting, for example where chemicals belong to the same class of compounds.

14. As specified in the Preamble to the *IARC Monographs*, agents are selected for review by the Advisory Group on the basis of two main criteria: (a) evidence of human exposure and (b) some evidence or suspicion of carcinogenicity. Accordingly, in recommending priorities, the Advisory Group assesses the nature and level of human exposure ("exposure profile") to the different agents as well as the overall state of scientific evidence pointing to potential carcinogenicity.

15. The composition of the Advisory Group and the result of its deliberations are published in a full report on the IARC website and in summary form in an open access article, currently in *The Lancet Oncology* journal.

16. IARC will issue an invitation to WHO/HQ to assign one or more WHO staff to the IARC-WHO/HQ Secretariat of the Advisory Group meeting six months prior to the scheduled meeting. The names of the WHO/HQ Secretariat staff nominated by the WHO/HQ should be received at IARC no later than three months prior to the meeting.

17. IARC will send to the nominated WHO/HQ staff the list of agents to be discussed following the public call for nominations. WHO/HQ may propose additional agents to the Advisory Group as priorities for evaluation. WHO/HQ will make IARC aware of existing or planned WHO/HQ risk assessments, policies, guidelines or recommendations for the agents under discussion by the Advisory Group no later than **one month prior to the meeting**. This information will be provided to the Advisory Group for their awareness in recommending the priority agents. It will be made clear to the Advisory Group that risk assessment scenarios are outside the scope of hazard identification for *IARC Monographs* evaluations.

18. In the same manner as for IARC Secretariat participants, WHO/HQ staff will not be responsible for recommending the priority agents for evaluation, which remains the responsibility of the Advisory Group.

19. **Within one month after the meeting** of the *Monographs* Advisory Group, IARC will send the publicly available summary report (listing potential future agents for evaluation over the next five-year period) to WHO. The full report will be sent to the WHO/HQ as soon as it becomes available.

20. The list of agents will include those recommended with high priority for evaluation within the next two and a half years, with the Advisory Group's rationale for the selections to enable consultation within WHO/HQ.

21. Before announcing agents for forthcoming specific meetings to the public, IARC will send the proposed list of agents to be evaluated to WHO/HQ, soliciting their input on potential impact on the work programmes of WHO/HQ, including the possible need for development or revision of WHO guidelines and recommendations; the implications for existing public health guidance; and the policy implications of the evaluations. WHO/HQ will have three weeks to comment on the list of agents proposed for evaluation and request to withdraw the agents for which risk assessment has been recently performed or is planned imminently by WHO/HQ, if (in the view of WHO/HQ) the IARC assessment does not have additional value (for new data or additional routes of exposure). If required, WHO/HQ and IARC will meet to discuss any unresolved issues prior to finalization of the list.

22. As described in the Preamble to the *IARC Monographs*, when there is the need to rapidly evaluate an emerging carcinogenic hazard, IARC will consult with WHO/HQ as described in article 35 above about the planned evaluation.

23. A WHO/HQ focal point (see article 24) will be designated for the meeting(s) to evaluate agents of mutual interest.

24. Given that the final responsibility for the *IARC Monographs* programmes rests with the IARC DIR (including accountability for the extrabudgetary funds to each programme), the final decision on the agents to be evaluated and the timing of those evaluations are his/her responsibility. However, such decisions are taken after extensive consultation with WHO/HQ.

25. The above consultation process will ensure transparency and coordination between WHO/HQ and IARC in the selection of agents. The consultation process also maintains clear lines of responsibility reflecting the governance structure and mandates of IARC and WHO.

Notification

26. IARC maintains a list of key stakeholders to notify in relation to forthcoming *IARC Monographs*. This list is updated with support from IARC's GC and SC members to include stakeholders within IARC Participating States. The *IARC Monographs* programme publishes a triannual newsletter for this purpose.

27. IARC will announce each specific evaluation meeting on the IARC/IMO and IARC websites **approximately 12 months prior to the date of the meeting**. The announcement will be sent to the WHO/HQ via the *IARC Monographs* newsletter described in article 40 above. WHO Department of Communication (DCO) will inform WHO/HQ and Regional Offices.

Evaluation

28. WHO/HQ notifies the Head of IARC/IMO and the IARC Responsible Officer about which WHO focal points are to be members of the IARC-WHO/HQ Secretariat in the *IARC Monographs* evaluation. Such notification should be received a minimum of six months prior to the scheduled evaluation meeting. All members of the IARC-WHO/HQ Secretariat commit to attending the full eight-day evaluation meeting in Lyon, to the extent possible.

29. WHO/HQ and IARC staff assigned as part of the Secretariat are asked to complete a simplified WHO Declaration of Interest (DOI) form, while all other Working Group members, Invited Specialists, Representatives and Observers complete the standard WHO DOI[1]. DOI forms are systematically evaluated by the IARC Bioethics and Compliance Officer in the IARC DIR's Office.

30. IARC and WHO/HQ staff, assigned as part of the Secretariat, are provided with confidential access to *IARC Monographs* working papers in advance of the evaluation meeting as and when available, for use within IARC and WHO/HQ only.

31. The evaluation processes to be followed are as defined in the current *IARC Monographs* Preamble https://monographs.iarc.who.int/iarc-monographs-preamble-preamble-to-the-iarc-monographs/ (January 2019).

Communication strategy & Dissemination

32. To strengthen the coordination between IARC COM and WHO DCO, IARC COM will present the three upcoming *Monographs* evaluations each year to the WHO DCO Team, either in person or virtually. During these meetings, IARC COM will provide an overview of the agents under evaluation, highlight potential communication risks, and engage the WHO DCO Team at an early stage in developing an appropriate

[1] The approach on DOI completion for WHO staff (IARC and HQ) will be reviewed with the WHO Office of Compliance, Risk Management and Ethics

communication strategy. Additionally, for each upcoming evaluation, IARC COM will liaise with WHO/HQ approximately **two months** prior to the *Monographs* meeting to discuss the agreed-upon strategy.

33. Based on input from IARC COM and WHO DCO, the IARC DIR validates the communication strategy for announcing the *Monographs* results.

34. The communication strategy comprises three scenarios (**as illustrated in the table and flowchart at the end of Annex 1**), as follows:

i) An **IARC-led standard communication strategy,** which includes the publication of communication material on the IARC website and on social media channels, without proactive media outreach. This scenario does not require IARC COM and WHO/HQ to follow the timelines and coordination steps described in the SOP.

ii) An **IARC-led enhanced communication strategy,** envisaged in situations where specific media interest is anticipated (e.g. stimulated by third parties such as the private sector, Non-Governmental Organizations, or scientific journals publishing summaries), or where it is considered important to inform a wide audience for reasons of public health or high public interest. This strategy includes proactive media outreach, such as press release and press conferences, and requires **enhanced coordination** with WHO/HQ and adherence to the SOP.

iii) An **IARC-WHO joint communication strategy** in which both organizations are jointly involved in communicating the evaluations. This strategy may arise in contexts where hazard identification and risk assessment are available or imminent. It requires enhanced coordination with WHO/HQ and full adherence to the SOP.

35. The results of each *Monographs* evaluation will be systematically published in a scientific summary, generally approximately **two and a half weeks** after the conclusion of the *Monographs* meeting, in a high-impact biomedical journal (currently The Lancet Oncology).

36. The results will also be disseminated through IARC's website and social media platforms and may include a News Item, press release, Q&A, infographics, videos, social media posts, and other relevant communication materials.

37. The scientific summaries are drafted and co-authored by members of the Working Group and the scientific personnel of the Secretariat. They present the main scientific evidence underpinning the final evaluations, as well as any significant minority expert judgment, and include the names of the authors and their declared conflicts of interest (from the journal DOI forms). While other communication materials may be drafted with input from WHO DCO (see below), this does not apply to the scientific summaries.

38. When an IARC-led **standard communication strategy** is foreseen, IARC COM manages the dissemination strategy with IMO Head and the IARC Responsible Officer. Communication materials (news item, Q&A, infographics and short videos) are shared with WHO/HQ **within 14 calendar days following the completion of the meeting**.

Paragraphs 53–60 apply exclusively to cases in which an **IARC-led enhanced communication strategy** is planned.

39. When an IARC-led **enhanced communication strategy** is anticipated, IARC COM will liaise with WHO/HQ **two months prior to the evaluation meeting.** IARC COM will draft the outline of the enhanced communication strategy in close coordination with WHO DCO, and in consultation with the IMO Head, relevant WHO technical staff, and the IARC Responsible Officer.

40. **One month prior to the evaluation meeting**, IARC COM will start drafting a press release and Q&A or talking points. Final versions with be coordinated with WHO DCO following completion of the evaluation.

41. One month prior to the scheduled evaluation meeting, IARC/IMO will agree on a publication date for the summary report with *The Lancet Oncology*. The chosen date should allow sufficient time to prepare all communication materials. All parties must respect the journal's embargo prior to publication. If complementary IARC and WHO activities are planned, the publication date may be adjusted to align with the timelines agreed by both organizations.

42. **Within seven calendar days** of completing the evaluation meeting, IARC COM will prepare a revised draft press release and a revised draft Q&A (including any relevant talking points) reflecting the final evaluation. WHO/HQ DCO will be invited to provide comments, which are expected within a maximum of **five working days**. If no feedback is received by the deadline, WHO/HQ will be assumed to be satisfied with the draft. Upon request, IARC COM may provide WHO/HQ DCO with embargoed classification results within three days of completing the evaluation meeting.

43. IARC and WHO/HQ may also decide to hold a briefing for relevant WHO colleagues at HQ and Regional Offices, **five working days** prior to publication, to present and explain the evaluations.

44. The IARC DIR will sign off the final version of the press release and Q&A/talking points no later than **two working days** prior to the publication of the scientific summary and press release. WHO DCO will distribute the final documents under embargo to senior WHO/HQ divisions and departments across the organization, as well as to Regional Offices, and may also choose to share embargoed material with WHO Member States through their Geneva-based missions. IARC/IMO will provide the same embargoed materials to Working Group members, and the IARC Governing Bodies Coordinator will distribute them to IARC Governing Council members.

45. IARC COM will provide the embargoed press release to key stakeholders, including relevant partners, at least **two working days** prior to its release.

46. In certain situations, the timelines outlined above may need to be revised or adapted; any such changes should be discussed and agreed upon between WHO/HQ and IARC. Notwithstanding, the steps described above should be followed in the specified sequence.

*Paragraphs 61–66 apply exclusively to cases in which an **IARC-WHO joint communication strategy** is planned.*

47. When an **IARC-WHO joint communication strategy** is anticipated, IARC COM will liaise with WHO/HQ approximately **two months prior to the evaluation meeting**. IARC and WHO/HQ may agree to issue **joint communication materials** (e.g. joint press briefing, press release, Q&A).

48. The same timelines as that established for the enhanced communication strategy will apply.

49. The IMO Head and IARC Responsible Officer shall coordinate with WHO/HQ to align messages and timing.

50. Timelines may be revised as necessary, in consultation between IARC and WHO/HQ.

51. Communication materials—including the summary, Q&A, and key messages—will be shared with WHO/HQ for review prior to publication, in accordance with the agreed timeline.

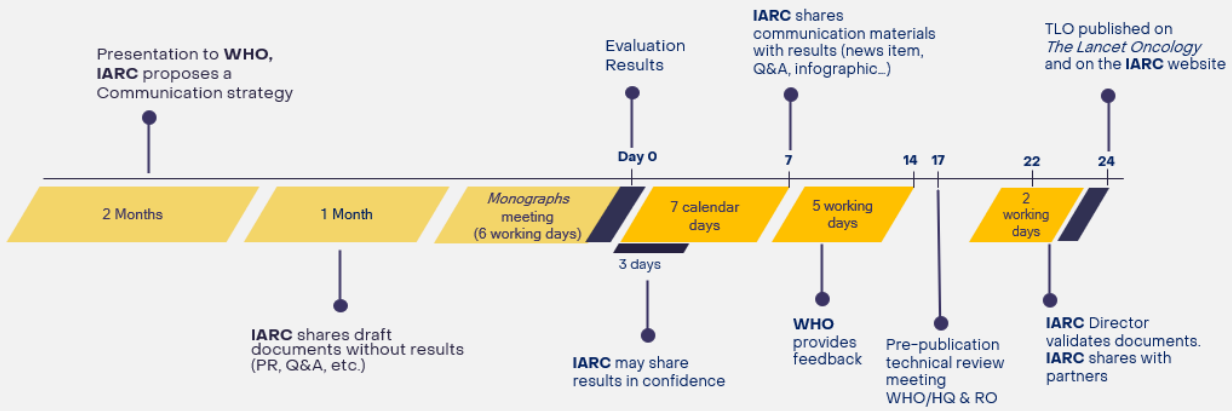
52. WHO/HQ and IARC shall jointly determine spokespersons and coordinate media responses.

The table and flowcharts below summarize and illustrate the communication strategies.

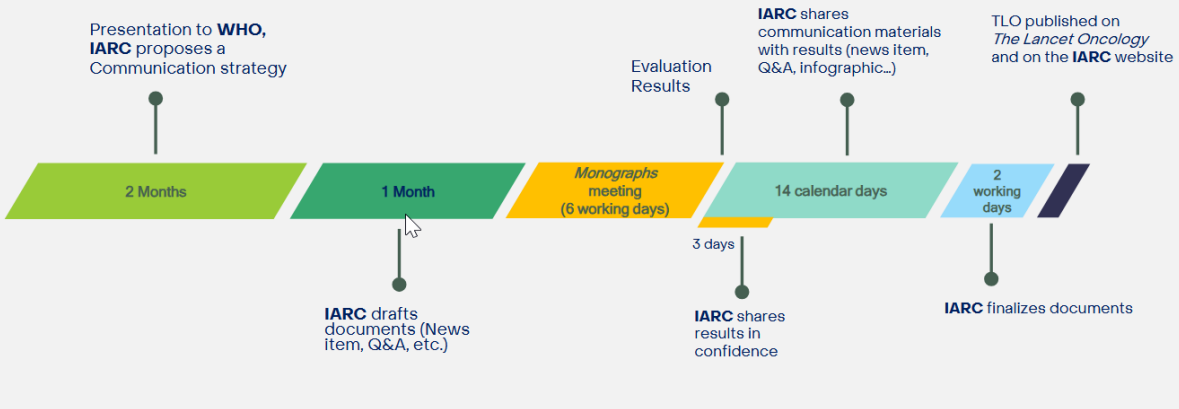
Type of Communication	Action	Timing
IARC Com+ WHO DCO	Meeting: Coms overview and presentation of upcoming meetings for the year	Yearly
Standard + Enhanced strategy	IARC and WHO/HQ discuss about the evaluation and possible strategy	2 months ahead of the meeting
Standard + Enhanced strategy	IARC drafts and shares communication materials including draft PR, Q&A for enhance strategy	1 month ahead of the meeting
Standard + Enhanced strategy	IARC COM may provide WHO/HQ DCO with embargoed classification results within three days of completing the evaluation meeting.	3 days after the completion of the meeting
Standard Strategy	IARC shares communication materials with results with WHO/HQ	Within 14 calendar days following the completion of the meeting
Enhanced strategy (media outreach)	IARC sends WHO/HQ DCO revised PR draft with the classification.	7 calendar days within the completion of the meeting (day 0→day 7)
Enhanced strategy (media outreach)	WHO sends back comments	Within 5 working days of receiving the documents (day 14)

IARC + WHO HQ/RO (Technical Briefing)	Pre-publication technical review meeting to alert WHO HQ and Regional Offices of conclusions and talking points.	5 working days before publication (day 17)
Enhanced strategy (media outreach)	IARC Director signs off the final documents	2 working days before the publication of TLO (day 22)
Enhanced strategy (media outreach)	IARC shares final documents under embargo with key partners	2 working days before the publication of TLO (day 22)
Enhanced strategy (media outreach)	WHO shares results with the WHO Regions	2 working days before the publication of TLO (day 22, with publication on day 24 after meeting)
Joint Communication		IARC and DCO decide a joint strategy Timing and details to be adapted and agreed between IARC & WHO

ENHANCED COMMUNICATION STRATEGY



STANDARD COMMUNICATION STRATEGY



Annex 2
Interim Standard Operating Procedure (SOP):
International Agency for Research on Cancer (IARC) *Handbooks* Programme

Background

53. The *IARC Handbooks of Cancer Prevention* follow a similar approach to the *IARC Monographs* in evaluating evidence on cancer-preventive interventions and strategies. The procedures are defined in detail in the Preambles for primary prevention (2019) and for secondary prevention (2019): https://handbooks.iarc.fr/documents-handbooks/hb-preamble-primary-prevention.pdf; https://handbooks.iarc.fr/documents-handbooks/hb-preamble-secondary-prevention.pdf.

54. Where appropriate, and in agreement with WHO/HQ, additional documents may be developed to supplement the *IARC Handbooks* evaluations.

Key participants

55. For each IARC *Handbook*, there is an assigned IARC Responsible Officer.

56. For each IARC *Handbook*, WHO/HQ and as appropriate, relevant Regional Office(s) will be invited to appoint a **representative focal point** (WHO focal point).

57. For the production of normative guidelines or recommendations in cancer screening and early diagnosis performed by WHO/HQ, IARC/IHB will be invited to appoint a representative focal point.

58. The degree of interaction and the relevant Division at WHO (HQ or Regional Offices) will depend on the intervention(s) or strategies under evaluation. It is recognized that WHO may decide its participation based on the relevance of the topic to their agenda. The decision will be at the discretion of the Director(s) of the Department of Noncommunicable Diseases and Mental Health (NMH) at HQ or, as appropriate, at the relevant Regional Office(s).

59. Coordination of the communication of evaluations will be based on the above. When appropriate, the IARC Communication Officer (IARC COM) will works with the WHO DCO or the WHO focal point.

Planning of meetings

60. The *IARC Handbooks* synthesize and evaluate evidence on the efficacy, effectiveness, and harms of interventions and, after the evaluations, discuss key contextual issues related to participation and implementation of the intervention and its impact on population health. WHO may develop complementary information product with evidence-based recommendations that help end-users – such as policy-makers and health professionals – make informed decisions on public health policies or clinical interventions based on the evidence-based assessments.

61. As specified in the Preambles to the *IARC Handbooks*, interventions or strategies are selected on the basis of two main criteria: (a) the intervention is of putative preventive value, but its effects have not been established formally; or (b) the available evidence suggests that the intervention has the potential to significantly reduce the incidence of cancer or mortality from cancer, or to have a significant impact on an intermediate outcome known to be linked to cancer.

62. The Programme plans one Handbook **every 18 months**. Potential interventions to be evaluated are selected based on WHO's priorities, other current public health priorities, recent scientific developments

and/or other scientific and logistic criteria and are discussed with the IARC DIR who is ultimately responsible for the decision.

63. IARC will send the selected prevention interventions to WHO/HQ focal point, inviting input on their potential impact for WHO/HQ work programmes, with **a-two-week review period**. As a result, WHO may consider the possible need to develop or revise additional WHO documents to supplement the *IARC Handbook*, such as WHO guidelines or recommendations, analyses of policy implications, implementation considerations, or cost-effectiveness assessments (see article 68).

Notification and participation

64. IARC/IHB will announce the topic and dates of the meetings (remote subgroups sessions and in-person plenary meeting) **approximately 12-15 months prior to the latter meeting** (hereafter referred to as "evaluation meeting"). The announcement will be sent to WHO/HQ (and Regional Offices as appropriate) with the invitation to nominate a focal point (see Article 69).

65. Other WHO staff who are interested in participating in the meeting may notify IARC of their interest. Such notification should be received a minimum of six months prior to the scheduled evaluation meeting (approx. 2 months before the subgroup meetings).

66. WHO staff (focal point and other) participate in the meetings as IARC/WHO Secretariat. IARC/WHO Secretariat are asked to complete a simplified WHO Declaration of Interest (DOI) form. DOI forms are systematically evaluated by the IARC Bioethics and Compliance Officer in the IARC DIR's Office.

67. WHO/HQ will make IARC aware of existing or planned WHO guidance on prevention policies, guidelines or recommendations for interventions considered by IARC/IHB. IARC may appoint focal points to join a Steering Committee for WHO guidance or other groups that will produce technical guidance on secondary prevention of cancer, as appropriate.

68. **Approximately 12 months before the meeting**, IARC/IHB convenes a Scoping Meeting with a small group of experts, IARC/IHB scientists, and the IARC Secretariat and WHO focal point. Notably, the broader IARC/WHO Secretariat is not invited to limit the number of participants and encourage direct interaction.

69. IARC/WHO Secretariat commit to attending all remote subgroup sessions as well as the in-person evaluation meeting, where possible.

70. For each *Handbook*, IARC/WHO Secretariat is provided with confidential access to working papers in advance of the meetings, for use within IARC and WHO only.

Communication strategy and Dissemination

71. The primary target audience for *Handbooks* evaluations are the scientific community, health professionals and policy makers.

72. Results of the meeting are published in the form of a Special Report in a high-impact biomedical journal (currently *New England Journal of Medicine, NEJM*) **typically 4-6 months after the evaluation meeting**. The Special Report is drafted and co-authored by Working Group members and the IHB scientists. It includes the main scientific evidence that drove the final evaluations and any significant minority expert judgment, and the authors' declared conflicts of interest (as per the journal's DOI forms). IARC/WHO Secretariat may be acknowledged based on their relative contribution.

73. IARC COM manages the dissemination strategy with the IHB Head and the Responsible Officer.

74. Results of the meeting are also published on IARC social media platforms and on IARC's website, in the form of press release, News Item, Q&A, infographic, videos and other relevant communication materials. Draft communication materials are shared with WHO for information **at least three weeks prior to publication**.

75. Upon acceptance of the article for publication, IARC COM circulates the draft press release and Q&A (or talking points) to the WHO DCO and the designated WHO focal point for review. Comments are expected within a maximum of **10 working days**; in the absence of feedback by the deadline, the draft will be considered approved.

76. Publication of the Special Report in a Journal may generate significant media interest, particularly if the Journal issues its own press release through its media platforms. When appropriate, IARC will share its press release under embargo with selected media contacts. In addition, IARC will identify up to four spokespeople across different geographical regions to facilitate media engagement worldwide. The press release and Q&A are shared with all designated spokespeople to ensure coherence, clarity, and alignment with IARC's position.

77. IARC COM also provides the embargoed press release to their contact list and some other key stakeholders as relevant, **a minimum of two working days prior to release**.

78. The WHO DCO may distribute the final version of these documents under embargo to relevant senior WHO staff across the organization and Regional Offices for their information.

79. The WHO DCO may alert the WHO Liaison to be available for media enquiries.

80. In the event of an accompanying planned WHO publication on the public health impact and policy implications of the preventive intervention from the *Handbook*, the Communication strategy and Dissemination approach will be planned jointly between IARC COM and WHO DCO.

List of abbreviations

- COM: Communication
- ESC: Evidence Synthesis Classification Branch
- IMO: IARC *Monographs* Programme
- DIR Office: Director's Office
- FAO: Food and Agriculture Organization
- GC: Governing Council
- IARC: International Agency for Research on Cancer
- IARC COM Officer: IARC Communications Officer
- IARC DIR: IARC Director
- IHB: IARC *Handbooks* Programme
- JECFA: Joint FAO/WHO Expert Committee on Food Additives
- JMPR: Joint FAO/WHO Meeting on Pesticide Residues in Food
- MTS: Medium-Term Strategy
- NCD: non-communicable diseases
- PS: Participating States
- SC: Scientific Council
- SOP: Standard Operating Procedure
- WHO: World Health Organization
- WHO DCO: WHO Department of Communications