



**Governing Council
Sixty-eight Session**

GC/68/Min.4
28 May 2026

27–28 May 2026
Hybrid format

MINUTES OF THE FOURTH MEETING
IARC, Lyon and web conference

Thursday, 28 May 2026, at 15:15 Central European Summer Time (CEST)

Chairperson: Professor Dorothy KEEFE (Australia)

Secretary: Dr Elisabete WEIDERPASS, Director, IARC

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Participating State Representatives

Australia

Professor Dorothy Keefe, **Chairperson**
Mr Jonathan Godin
Ms Sam Hampton
Ms Merilyn Penn [remotely]

Qatar

Dr Al-Hareth M. Al-Khater, **Vice-Chairperson**
Dr Noora Mohammed A. Al Hammadi

Japan

Mr Masato Izutsu, **Rapporteur**
Ms Miki Kunimura
Dr Hiroyuki Mano
Mr Yutaka Matsuoka
Ms Michiko Taniguchi [remotely]
Dr Wakako Toga
Mr Shohei Yamauchi [remotely]

Austria

Ms Elisabeth Tischelmayer [remotely]

Belgium

Mr Arno De Potter
Ms Anne Swaluë [remotely]

Brazil

Dr João Paulo de Biaso Viola
Dr Ronaldo Corrêa Ferreira da Silva [remotely]
Ms Livia de Oliveira Pasqualin [remotely]
Dr Luis Felipe Ribeiro Pinto
Dr Marcia Sarpa de Campos Mello [remotely]

Canada

Dr Emma Ito
Ms Jennifer Izaguirre

China

Mr Xiaochen Yang
Mr Wanqing Chen
Dr Jie He
Ms Ni Li
Ms Wen Liu

Denmark

Dr Morten Frisch [remotely]

Egypt

[No representative]

Finland

Dr Mika Salminen [remotely]
Dr Tuula Helander [remotely]

France

Professor Norbert Ifrah
Mr Nicolas Albin
Ms Aya Amour [unable to attend]
Ms Roxane Berjaoui [remotely]
Dr Thomas Dubois

Germany

Dr Alina Brandes
Mr Chris Braun [remotely]

Hungary

Professor Gabriella Liszkay [remotely]
Dr Eموke Soos [remotely]
Ms Nelli Benefi-Zatureczki [remotely]

India

Dr Saroj Kumar
Dr Tanvir Kaur Gandhi [remotely]

Iran (Islamic Republic of)

[No Representative]

Ireland

Mr James Scully [remotely]

Italy

Dr Mauro Biffoni [remotely]

Morocco

Dr Loubna Abousselham
Dr Youssef Chami Khazraji [unable to attend]

Netherlands (Kingdom of the)

Ms Dagmar Stolte

Norway

Professor Tone Bjørge [remotely]
Dr Karianne Solaas [remotely]

Portugal

Professor Isabel Cristina Fernandes
Dr Cristina Portugal

Republic of Korea

Dr Lee Ha Rim
Dr Sunghoo Hong

Russian Federation

Dr Eduard Salakhov [unable to attend]
Mr Anton Minaev
Mr Ivan Tarutin
Dr Elena Kirsanova [unable to attend]
Dr Maksim Kurbatov [unable to attend]

Saudi Arabia

Professor Mushabbab Al Asiri [remotely]
Dr Ali Saeed AlZahrani [remotely]

Spain

[No Representative]

Sweden

Professor Madeleine Durbeej-Hjalt [remotely]

Switzerland

Mrs Mari Viro Moser
Mrs Noemi Fivat [remotely]

United Kingdom of Great Britain and Northern Ireland

Dr Mark Palmer
Dr Isobel Atkin
Dr Louisa Rahemtulla [remotely]

United States of America

Ms Julie M. Jolles
Mr Mark Daghir [remotely]
Ms Maya Levine [remotely]
Ms Lauren Mikulsky [remotely]
Mr Lars Spjut [remotely]

World Health Organization

Dr Alarcos Cieza [remotely]
Dr Andre Ilbawi [remotely]
Ms Claudia Nannini

Observers

Scientific Council

Dr Sirpa Heinävaara
Outgoing Chairperson

Professor Young-Woo Kim
Incoming Chairperson

Union for International Cancer Control (UICC)

Mr Philippe Guinot

IARC Ethics Committee

Professor Samar Alhomoud

External Audit

Ms Ritika Bhatia [remotely]

IARC Secretariat

Dr E. Weiderpass, **Secretary**
Ms C. Mehta, **Director of Administration and Finance**

Dr M. Foerster
Dr K. Müller
Mr D. Kavanagh
Ms A. Kirjasuo
Dr M. Korenjak
Dr F. Le Calvez-Kelm
Dr M. Schubauer-Berigan
Dr A. Schmütz
Dr I. Soerjomataram

Interpreters

Ms Anne-Claire Bregnac
Ms Valeria Doehler
Ms Valérie Fontaumard
Ms Maryna Ginko
Ms Amandine Mouillard-Etienne
Ms Jean Murray
Ms Mariia Oganezova
Ms Erin Rai
Ms Valérie Servant
Ms Galina Tarasenko
Mr Harry Owen Ungood-Thomas
Ms Charlotte Wren

Précis-writers

Ms Michèle Abdou
Ms Teresa Lander

1. APPOINTMENT OF NEW MEMBERS OF THE SCIENTIFIC COUNCIL: Item 20 of the Agenda (Document [GC/68/14](#))

The Governing Council met in closed session. On the resumption of the public session, the RAPPORTEUR read out the following draft resolution, adopted during the closed session and entitled “Appointment of new members of the Scientific Council” (GC/68/R13):

The Governing Council,

In accordance with the provisions of Article VI of the Statute of the Agency,

1. APPOINTS

Dr Jie He, China

Professor Henrik Hjalgrim, Denmark

Professor Peeter Karihtala, Finland

Professor Carla Henrica van Gils, Kingdom of the Netherlands

Dr Jean-Luc Bulliard, Switzerland

to serve for four years on the Scientific Council;

2. THANKS the outgoing members of the Scientific Council, Sirpa Heinävaara (Finland), Valery Lemmens (Kingdom of the Netherlands), Ben Spycher (Switzerland) and Satish Gopal (United States of America) for their valuable work in the Scientific Council and for the contribution which they have made to the research activities of the Agency.

The resolution was adopted.

2. UPDATE ON THE STANDARD OPERATING PROCEDURE (SOP) “COORDINATION AND COMMUNICATION MECHANISMS BETWEEN IARC AND WHO – IARC MONOGRAPHS AND HANDBOOKS”: Item 21 of the Agenda (Document [GC/68/15](#) and [Annexes](#))

Dr SCHUBAUER-BERIGAN, Head of the IARC Evidence and Synthesis Classification Branch, said that she would provide a brief introduction to the updated Standard Operating Procedure (SOP) on coordination and communication between IARC and WHO for the *Monographs* and Handbooks programmes, which had been developed and finalized in full consultation with WHO. The document represented a jointly agreed evolution, grounded in shared experience of implementation, and reflected a common objective: to strengthen clarity, predictability and coherence of joint work while fully preserving the mandates of both IARC and WHO.

The Governing Council had endorsed the SOP in 2018 as a living document, with the expectation that it would be updated based on experience. The updated version reflected eight years of implementation experience and operational lessons learned, particularly on coordination, evaluation, planning and communication. The objective was to strengthen predictability, transparency and coherence, and to improve coordination with WHO, without shifting scientific authority. The SOP maintained a clear separation of mandates: IARC’s mandate was hazard identification through the Monographs and evaluation of preventive interventions through the Handbooks, while the mandate of WHO was in risk assessment, the development of guidelines and normative work. The update further preserved scientific independence, and the final authority for the Monographs and Handbooks remained with the IARC Director. IARC outputs remained non-normative and science-driven.

The update recorded earlier and more structured consultation with WHO in planning, without giving WHO any decision-making power over the science. Concretely, WHO had a formal three-week

consultation window on proposed agents for the IARC Monographs before a public announcement. WHO could request reconsideration only in narrow circumstances: if a WHO risk assessment had been recently completed or was imminent, and if an IARC evaluation would not add value. The SOP also provided an explicit clarification: risk-assessment scenarios were outside the scope of IARC Monographs hazard identification. The intended outcome was practical, with earlier issue-flagging and fewer late-stage conflicts, which would protect both institutions and help to ensure coherent messaging to Participating States. Scientific procedures remained unchanged, including the use of advisory groups for priority-setting, selection criteria, working group conduct and handling of declarations of interest. The update was therefore procedural and not methodological.

For the Handbooks, the SOP strengthened complementarity by clarifying early WHO input on relevance to WHO priorities and set defined review periods of typically two weeks for topic input. It supported a clearer science-to-policy interface by allowing parallel or follow-on WHO products, such as guidelines or policy briefs, where appropriate. The design ensured that there was no role confusion: IARC evaluated evidence; WHO could, when it chose, develop complementary normative products using its established procedures.

The most significant evolution was in communication: it had been elevated from operational media handling to a strategic, risk-managed function, with three explicit communication scenarios: IARC-led standard communication (no proactive media); IARC-led enhanced communication (media outreach); and IARC–WHO joint communication, when hazard assessment and risk outputs converged. Joint communication was an option, not a default, and used on a case-by-case basis. Each scenario had defined triggers, timelines and escalation paths, which strengthened predictability for Participating States and reduced reputational risk for both organizations. WHO engagement in communications had been moved upstream: through an annual overview of upcoming Monographs, and a structured discussion two months before each evaluation to assess risk and agree strategy, thereby improving coordination around materials such as press releases, spokesperson planning and embargo handling. The SOP introduced stronger predictability through explicit deadlines for comments and “silence-as-agreement” clauses when deadlines had been missed, making responsibilities clearer and timelines more enforceable. The SOP also clarified sign-off responsibilities: scientific content remained with the scientific programmes, while communication materials were signed off by the IARC Director, with consultation as required by the scenario. The intended outcome was transparency, efficiency and accountability for WHO, IARC and Participating States.

Dr CIEZA (Representative of the Director-General, WHO), speaking remotely, said that WHO had worked closely with IARC on development of the SOP. She welcomed the update provided by Dr Schubauer-Berigan, with which WHO was completely in alignment.

Mr IZUTSU (Japan) expressed appreciation for the efforts of the Secretariat to develop the present SOP, building on the eight years of experience since the introduction of the interim SOP and extensive consultations with WHO. He further welcomed the clarification of the respective roles of IARC and WHO, as well as the strengthening of coordination and communication between the programmes to avoid confusion and enhance transparency. He welcomed that dedicated SOPs had been established for both the IARC *Monographs* and the IARC Handbooks, reflecting their distinct functions, and commended the clarification of roles between IARC and WHO, as well as the establishment of concrete communication and coordination mechanisms, which contributed to greater transparency and consistency. In light of the current global health landscape, close cooperation and coordination between IARC and WHO were more important than ever. It was essential to ensure complementarity between hazard identification and risk assessment, while avoiding duplication and fragmentation and ensuring efficient and effective operations.

At the same time, Japan considered that further clarification would be beneficial regarding the reference to “consistency” between the work of the IARC *Monographs* and WHO risk assessment

programmes. While the IARC *Monographs* focused on hazard identification, taking into account all routes and circumstances of exposure, WHO expert bodies such as the Joint FAO/WHO Expert Committee on Food Additives (JECFA) conducted risk assessments that considered dietary exposure. Therefore, even where the two approaches were scientifically complementary, their evaluations might not necessarily lead to identical conclusions, and that distinction should be duly recognized. Japan welcomed the clearer procedures for consultation with WHO reflected in the updated SOP. It was important to ensure that the SOP functioned effectively in practice and truly delivered on its intended purpose. In that regard, he requested that the Secretariat should report regularly to the Governing Council on implementation of the SOP, with a view to possible revision if needed. It was essential to ensure clear and careful communication with the general public, and he therefore appreciated that the SOP further strengthened coordination between IARC and WHO in communication strategies. He looked forward to consistent and well balanced messaging that appropriately reflected the nature and limitations of the scientific evidence.

Ms IZAGUIRRE (Canada) recognized that the original SOP had been a living document and welcomed the update as an opportunity to integrate best practices and lessons learned over its eight years of implementation. Canada had been encouraged by the decision to separate the SOP for the IARC *Monographs* from the SOP for the IARC Handbooks in two distinct annexes, as it provided a clear delineation of the respective roles and responsibilities of IARC and WHO across the two areas of work, improving transparency and usability of the document. Misunderstandings might arise among the public regarding the distinct roles of IARC and WHO, particularly in differentiating between cancer hazard identification and risk assessment: it was therefore critical that IARC continued to enhance communication efforts with WHO, including through clear messaging that explained the meaning and significance of IARC Monographs classifications. Canada was encouraged by the significant updates to the communication strategy which more clearly outlined communication approaches and timelines. She further appreciated IARC's proposed proactive engagement with WHO counterparts to ensure development of timely and appropriate communication strategies. The SOP provided an important framework for facilitating effective and transparent coordination and communication.

Ms JOLLES (United States of America) said that, while the United States noted the update and the structural improvements to the new SOP, it was not prepared to adopt the SOP at the present time; she requested that consideration of the item be deferred for another year to allow for additional consideration by Participating States. The United States remained concerned about coordination and the potential for duplicative reviews that might cause public confusion and undermine international standards. While noting the formalized mechanism requiring IARC to coordinate the timing of hazard identification with the secretariats of JECFA and the Joint FAO/WHO Meeting on Pesticide Residues, the United States reiterated that JECFA and other Codex Alimentarius expert committees had the primary role of ensuring food safety, including evaluation of carcinogenicity. IARC should not use valuable resources on duplicative evaluations. Further, the document did not clearly distinguish between IARC's functions as a scientific producer responsible for hazard identification and its function as a public health communicator: the two roles were distinct, with different audiences, responsibilities and implications. Without explicit delineation, the SOP risked perpetuating a structure in which IARC's independent public communications might be interpreted as encompassing broader risk conclusions.

Mr DE POTTER (Belgium) welcomed the updated SOP which provided a useful clarification of roles and responsibilities and a clear and repeated reaffirmation of the distinction between hazard identification by IARC and risk assessment and normative guidance by WHO. He further welcomed the confirmation of the scientific independence of the IARC *Monographs* and *Handbooks* programmes as core global public goods and the responsibility of the IARC Director in that regard. Those elements were fully aligned with Belgium's long-standing emphasis on scientific integrity and mandate clarity.

He noted that the updated SOP placed a strong and increasingly detailed emphasis on communication governance. While fully understanding the rationale for anticipating misinterpretation and misinformation, Belgium considered it important to remain attentive to balance between necessary communication, coordination and scientific proportionality: in that respect, he underlined the importance of ensuring that procedural safeguards and enhanced communication arrangements were not inadvertently perceived as reflecting the scientific hierarchy or public health relevance of specific hazards, but remained framed as governance tools. The increasing formalization and rules-based nature of communication strategies should not constrain IARC in its ability to communicate scientific findings autonomously and with full clarity; an alignment of communication approaches should not lead to the perception that IARC's independent evaluation process could be modified or diluted. That point was particularly relevant in the broader context of the new Medium-Term Strategy and its prioritization framework, where clarity of scientific evidence and public health impact remained essential. Belgium encouraged continued vigilance to ensure that public health importance remained sufficiently visible, even when political, commercial or economic sensitivities were present: ensuring the independence of IARC's scientific evaluation was key to maintaining its authority as a global reference for evidence-based cancer prevention. Belgium supported the endorsement of the updated SOP in that spirit.

Dr HONG (Republic of Korea) said that Republic of Korea had carefully reviewed document GC/68/15 and supported endorsement of the updated SOP governing coordination and communication between IARC and WHO. Republic of Korea appreciated the work undertaken since 2018 to reaffirm the clear distinction between IARC's mandate on health hazard identification and the WHO mandate on risk assessment. He recognized the value of the three-tier communication strategy which would support accurate and timely dissemination of information to the international community and assist Participating States in evidence-based public health policy-making. Republic of Korea supported the strengthening of cooperation between IARC and WHO and would follow further progress with great interest.

Professor BJØRGE (Norway), participating remotely, thanked IARC for its outstanding work. In the year of IARC's 60th birthday, she reaffirmed Norway's commitment to strong and long-standing collaboration with the Agency. She voiced strong support for the SOP as a solid foundation for strengthening coordination between IARC and WHO regarding the *Monographs* and *Handbooks*.

Dr BRANDES (Germany) thanked the Secretariat for having revised the SOP, which Germany viewed as a technical and living document. The stronger focus on communication strategies in the update was appreciated and reflected the needs of Participating States. In general, she expected close cooperation and coordination between IARC and WHO: the approach whereby IARC generated evidence and WHO translated it into policy recommendations was a proven model. In the case of the *Monographs* in particular, there was a clear division of labour between IARC and WHO: IARC evaluated the potential carcinogenic effects and WHO conducted risk assessment in collaboration with relevant partners. That approach worked best when each organization focused on its core functions and competencies. Duplication of effort and parallel work should be avoided, especially in times of constrained resources. Germany strongly supported the acceptance of the SOP.

The CHAIRPERSON said that, while there were areas of strong support, it would not be possible to reach a consensus on the proposed resolution as previously drafted. She therefore proposed that the Governing Council should consider an updated draft resolution.

The RAPPORTEUR read out the following draft resolution, entitled “Update on the Standard Operating Procedure (SOP): ‘Coordination and communication mechanisms between IARC and WHO – IARC Monographs and Handbooks’” (GC/68/R14):

The Governing Council,

Having reviewed Document [GC/68/15](#) and [Annexes](#) "Update on the Standard Operating Procedure (SOP) “Coordination and communication mechanisms between IARC and WHO – IARC Monographs and Handbooks”",

Recalling its Resolutions [GC/59/R2](#) and [GC/60/R7](#),

1. THANKS the Secretariat for the update;
2. NOTES the enhanced coordination between IARC and WHO on assessments of hazards and risks, and on the communication of those assessments; and
3. TAKES NOTE of the progress made on the new “Standard Operating Procedure (SOP)”, which remains a living document.

The resolution was **adopted**.

3. BIENNIAL REPORT OF THE OCCUPATIONAL HEALTH AND SAFETY COMMITTEE (OHSC), 2024–2025: Item 23 of the Agenda (Document [GC/68/17](#))

Dr KORENJAK (Chairperson, OHSC) presented the biennial update on health and safety at the Agency. The most recent *Guide d'évaluation des risques professionnels* [Single Occupational Risk Assessment Document], an assessment of health and safety risks required by the French Government, had been issued in early 2025. The OHSC had worked with the Administrative Services Office and the IARC senior management to mitigate some of the highest risks. The 2025 Mitigation Action Plan, implemented under a dedicated budget provided by the Director, had enabled reductions in key risks related to chemical exposure in laboratories, ergonomics, communication systems within the building and biobanking activities. The highest remaining risks were scheduled for further mitigation during the 2026–2027 biennium.

The Agency had not had a resident staff physician since September 2024. Routine medical monitoring activities, serology testing, vaccinations for laboratory staff and occupational health reviews had been suspended or delayed as a result, although the cancer screening programme for staff was now scheduled to begin in the second half of 2026. WHO headquarters had provided some follow-up for sensitive medical cases. The OHSC had continued to raise its concerns regarding continuity of occupational health compliance and the adequacy of medical monitoring with senior management and the human resources department, but no permanent solution had yet been found.

The RAPPORTEUR read out the following draft resolution, entitled “Biennial Report of the Occupational Health and Safety Committee (OHSC), 2024–2025” (GC/68/R16):

The Governing Council,
Having examined [Document GC/68/17](#) “Biennial Report of the Occupational Health and Safety Committee (OHSC), 2024–2025”,
1. EXPRESSES satisfaction with the arrangements which are in place to ensure the health and safety of the Agency’s personnel; and
2. REQUESTS the Director to continue reporting biennially on occupational health and safety issues at the Agency.

The resolution was **adopted**.

4. ANY OTHER BUSINESS: Item 27 of the Agenda

Mr TARUTIN (Russian Federation) requested that, at the next session of the Governing Council, all items relating to budgetary, financial and administrative matters should be considered on the same day, in the interests of efficiency.

The CHAIRPERSON supported that proposal, although it might not be possible to implement it in 2027, which was a budget year.

5. ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON FOR NEXT SESSION: Item 28 of the Agenda

Dr AL-KHATER (Qatar), Vice-Chairperson, took the Chair.

On the proposal of Professor IFRAH (France), Professor KEEFE was re-elected as Chairperson, the proposal being seconded by Mr DE POTTER (Belgium) and Dr VIOLA (Brazil).

Professor KEEFE resumed the Chair.

On the proposal of Dr ABOUSSELHAM (Morocco), Dr AL-KHATER was re-elected as Vice-Chairperson, the proposal being seconded by Dr VIOLA (Brazil) and Mrs MOSER (Switzerland).

6. DATE OF NEXT SESSION: Item 29 of the Agenda

Responding to a point raised by Mr IZUTSU (Japan), the CHAIRPERSON suggested that the next session of the Governing Council should take place on 2–4 June 2027, replacing the original proposal of 1–3 June. It was a three-day session since 2027 was a budget year. She encouraged Governing Council members to plan to attend for the full three days if possible.

The RAPPORTEUR read out the following draft resolution, entitled “Date of the Sixty-ninth session of the Governing Council” (GC/68/R21):

The Governing Council,
DECIDES to hold its next regular session in Lyon, France, within the two weeks following closure of the regular World Health Assembly in the year 2027, on Wednesday 2, Thursday 3 and Friday 4 June 2027.

The resolution was **adopted**.

7. CLOSURE OF SESSION: Item 31 of the Agenda

The DIRECTOR thanked the Governing Council members for their active participation, thoughtful engagement and continued commitment to the Agency's mission. Their guidance, insights and constructive dialogue were essential in shaping the Agency's strategic direction and ensuring that its work remained impactful, relevant and responsive. The Chairperson, in particular, had guided the current session with clarity, efficiency and insight. She thanked WHO and other partners for their collaboration and support.

The new Medium-Term Strategy 2026–2030 reflected the shared ambition to further strengthen the Agency's excellence and enhance its impact. She commended the remarkable dedication and professionalism of the IARC staff and thanked the Secretariat staff responsible for the excellent organization of the Governing Council session.

She expressed her appreciation of the Participating States' strong engagement in the IARC@60 conference, which had showcased the global relevance of IARC's work and reaffirmed the strength of its scientific leadership and partnerships, underscoring the essential role of international collaboration in advancing cancer research and prevention worldwide.

In closing, she paid tribute to two former Chairpersons, who would soon be retiring from the Governing Council: Professor Ifrah of France and Dr Palmer of the United Kingdom of Great Britain and Northern Ireland, both of whom had served the Governing Council with exceptional dedication, wisdom and commitment.

A short video of highlights from the IARC@60 conference was shown.

The CHAIRPERSON congratulated the Director and her staff on 60 years of achievement, as showcased at the IARC@60 conference. The current session of the Governing Council had demonstrated the goodwill and collaboration that existed between the Participating States, which was vital for the Agency to continue its work.

She declared closed the Sixty-eighth session of the Governing Council.

The meeting rose at 16:15.