

**Governing Council
Sixty-third Session**

GC/63/2
10/03/2021

*Lyon, 17–18 May 2021
By web conference*

ADMISSION OF A NEW PARTICIPATING STATE

The People's Republic of China

1. The application from the Government of the People's Republic of China for admission as a Participating State in the International Agency for Research on Cancer (IARC) was received by the WHO Director-General on 3 March 2020 (see [Document GC/62/21](#) and [its Appendix](#), below).
2. Rule 50 of the Rules of Procedure of the Governing Council states that applications will be considered if they have reached the Director-General at least 90 days before the opening of the relevant Governing Council session.
3. Since the application had been received after that deadline and due to the sanitary crisis, that precluded informal discussions between Participating States, the Governing Council decided to defer its decision to its following session.
4. In accordance with Resolution GC/62/R2, in which the Governing Council noted the application from the People's Republic of China with great interest, and thanked the Subcommittee on the Admission of new Participating States for its report (see [Annex](#) below), the Governing Council is invited to review and decide on the admission of this new Participating State at its 63rd Session in May 2021.

Monday 11 and Tuesday 12 May 2020

To be held by webconference (due to COVID-19 pandemic and travel restrictions)

ADMISSION OF A NEW PARTICIPATING STATE

The People's Republic of China

1. The Director has the honour to inform the Governing Council that the Government of the People's Republic of China has applied to be admitted as a Participating State in the International Agency for Research on Cancer. This application was communicated in a letter addressed to the Director-General of the World Health Organization and received on 3 March 2020 (see Appendix below).
2. The Director-General transmitted this application to all Participating States by Notes Verbales dated 7 and 8 April 2020 and informed them that it would be considered by the Governing Council in accordance with Rule 50 of the Rules of Procedure of the Governing Council. Note is taken of the date of delivery of the letter of application in relation to the time-limit stated in Rule 50.
3. The documents in relation to the application of the Government of the People's Republic of China were sent for review to the members of the Governing Council Subcommittee on the Admission of New Participating States, who met by teleconference on 15 April 2020, and will report to the Sixty-second Session of the Governing Council.
4. A report on cancer research activities by the Government of the People's Republic of China is also appended (see below).

Appendix

(Courtesy Translation)

Dr Tedros Adhanom Ghebreyesus
Director General
World Health Organization
Geneva, Switzerland

**China's Application for Admission as a Participating State
in the International Agency for Research on Cancer
of the World Health Organization**

Dear Dr Tedros,

On behalf of the Government of the People's Republic of China, the National Health Commission formally requests admission as a Participating State in the International Agency for Research on Cancer (IARC), with immediate effect.

As per Articles III and XII of the Statute of IARC, we are sending you our application for admission to IARC, including a brief description of the cancer research and control activities in China, and we would be grateful if these documents could be forwarded to the IARC Governing Council before its next session, to be held in Lyon on 11–12 May 2020.

The National Health Commission, on behalf of the Government of China, hereby undertakes to observe and apply the provisions established in the IARC Statute, Rules and Regulations, including assuming the financial commitment associated with being a Participating State of IARC, as assessed by its Governing Council.

The National Health Commission, on behalf of the Government of China, awaits the processing of this application, and is looking forward to becoming a Participating State of IARC as soon as possible and to contributing effectively to the scientific and technical work of IARC. Our understanding is that, on admission, China would have full voting rights as and from the first year of its participation.

Any further clarifications on this matter should be addressed to the National Health Commission (No.1, Xizhimenwainanlu, Xicheng District, Beijing, 100044, China). The National Health Commission kindly informs you that a copy of this letter is also sent to Dr Elisabete Weiderpass, Director of IARC.

Yours sincerely,

Dr MA Xiaowei (signed)
Minister
National Health Commission
The People's Republic of China

**Summary information
for the attention of the Subcommittee
on the Admission of new IARC Participating States**

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1. A description of the current cancer research community, including relevant expertise in the areas of IARC activities

Cancer research in China is mainly funded by the Ministry of Science and Technology (MOST), and the National Health Commission (NHC) and led by the National Cancer Center (NCC) (Previously named as Cancer Institute & Hospital, Chinese Academy of Medical Sciences, CIHCAMS), which is the comprehensive centre for cancer research, prevention, diagnosis, treatment, and education since more than 60 years. NCC is at the centre of cancer research in the country and partners with many provincial/municipal cancer centres and academic institutions and universities in their epidemiological, biological, statistical and clinical research.

Cancer research in China is active in areas of cancer registration, screening, epidemiological research, etiological research and clinical research. So far, 574 cancer registries have been built around the country, covering the population of 430 million in 31 provinces which account for 31% of the overall population in China. Each year, the annual report of cancer registry data is published. Part of the cancer registries contributed the data to the programs of IARC such as *Cancer Incidence in five continents* and *Globocan*. A lot of work is being carried out around cancer screening for cervical, breast, lung, colorectal, liver and upper digestive tract cancers (including oesophageal cancer and stomach cancer). China can be considered as a pioneer in the screening for cervical cancer and upper digestive tract cancers (especially for oesophageal cancer) among the developing countries. Studies are also underway to evaluate the cost-effectiveness of these screening programs. HPV vaccination programmes have been implemented in China for a couple of years and long-term evaluation are needed. Health promotion, such as Smoke-free Policy, Blue Sky Protection Campaign and Healthy Lifestyle Action for the Whole People, is being implemented in China.

All of above clearly evidences a vibrant research community rooted in a solid research infrastructure that has many areas of mutual interest with IARC. Over the years IARC has had many close collaborations with Chinese institutions, either directly or as part of large international collaborations led/coordinated by IARC. Chinese scientists have worked at IARC as staff members/visiting scientists or trained in Lyon or at other research institutions through IARC fellowships. The close ties that have developed between Chinese and IARC scientists over the past decades have produced significant results that have both advanced our knowledge of the biology and epidemiology of cancer, and supported the development of practical cancer prevention and control programmes in the field.

2. Details of the presence of a National Cancer Center

As outlined above, the National Cancer Center plays a pivotal role in the cancer research landscape of China. It fosters collaborations into epidemiological studies, biological and clinical research and trains cancer researchers in various disciplines. NCC was set up by the Ministry of Health in 2011, based on the structure of CIHCAMS which was established in 1958 and the unique national-level comprehensive centre for cancer research, prevention and treatment. The National Cancer Registry also operates within the NCC and collects cancer incidence, mortality and survival data from all over the country. The National Cancer Screening Office also operates within the Centre and coordinates the screening programs on common cancers across China and collects the data of the screening programs. The National Quality Control Office for Cancer Diagnosis and Treatment is also located in the NCC and provide the guidelines for cancer diagnosis and treatment.

3. A description of cancer research funding in the public and NGO sectors

Research funding in China comes essentially from governmental sources, especially from the Ministry of Science and Technology (MOST) and the National Health Commission (NHC).

At present, there are three key programs from the government supporting the cancer research in China.

1) National Natural Science Foundation of China (NSFC)

NSFC was approved by the China State Council in 1986. It focuses on basic research, and provides funding for research projects, talented people projects and environmental condition projects. It's mission is to provide support to outstanding discovery oriented (basic) research in all fields of science carried out by Chinese institutes or in collaboration with international institutes. Funding is allocated on a competitive basis and through a peer review system. NSFC runs a proposal system that aims to offer support at every stage of a researcher's career. The main institutional recipients of NSFC funding include universities and colleges, as well as the research institutes across China.

In the cancer research field, it mainly supports the projects on the aetiology and mechanism of cancers, biomarkers, mechanism on cancer prevention and control.

2) National Key Research & Development Program (NRDP)

NRDP was established in 2016 and integrated with several programs such as National Program on Key Basic Research Project of China (973 Program), National High-tech R&D Program of China (863 Program),

National Key Technology Research and Development Program, National Key Program for International Science & Technology Cooperation. It aims to establish a coordinated, predictable and sustainable system for research funding, in which, through supporting excellent scientific research and promoting innovation, China can ensure its research, development and innovation resources to be utilised not only in a legitimate but also an expedient manner, to increase China's global competitiveness and foster its most fruitful integration into the global scientific community .

In cancer research field, it supports many projects on cancer big data, cancer screening and early detection, cohort studies, and immunotherapy.

3) National Science and Technology Major Project (NSTP)

NSTP aims to provide major strategic products, key technologies and major projects by core technologies breakthrough and resource integration.

In cancer research field, this Project mainly supports the research and development of anti-cancer drugs and vaccines and promotes their clinical usage.

In addition to the above three public programs funded by the government, the Cancer Foundation of China (CFC) is an alternative support for cancer research in China. It is a non-profit organization that was founded in 1984. Its main mission is to support various activities on cancer research, prevention and control, through fundraising at home and abroad.

4. Information on a national cancer control plan

According to IARC forecasts, the number of new cases of cancer per year in China will increase by nearly 74% during 2010-2030. This projected rise is based on demographic change (population growth and ageing). Alterations in lifestyle and exposure to cancer risk factors, such as changes in diet and smoking which accompany economic development, will add to the current estimates of future cancer burden in China. Around 1/5 cancer incident cases and 1/4 cancer deaths in the world occurred in China (when?). Nearly half of the incident cases of lung, liver, oesophageal and stomach cancers in the world are from China and have worse survival (5-year survival rate is less than 40%).

The first National Cancer Prevention and Control Programme (NCPCP) in China was launched and issued by the Ministry of Health in 2004. The Chinese data on cancer patterns and trends provided the basis for evaluating priorities for cancer control. These priorities determined also the priorities of the NCPCP:

1. Targeted cancers: lung, liver, stomach, oesophagus, colorectum, breast, cervix and nasopharynx. These 8 cancers occupied more than 80% of the cancer deaths in China.
2. Targeted areas: high risk rural areas for above cancers
3. Primary prevention – Controlling the main risk factors: tobacco smoking, HBV infection, unhealthy diet and occupational damage.
4. Secondary prevention – Building the demonstration bases of screening for the above 8 cancers.
5. Establishment of National Cancer Registration Centre and implementation of the 3rd National Death Cause Survey (focusing on the main cancer causes).
6. Building the cancer prevention and control system - National, Regional and Municipal/county levels.

The National Cancer Registration Centre was established in 2002 and the National Cancer Registration Program was started to get funded by governmental budget since 2008. The Centre has been collecting data on incidence, mortality and survival of cancers from each cancer registry. So far, 574 cancer registries have been built, covering the population of 430 million in 31 provinces which account for 31% of the overall population in China. Hospitals are required by National Health Commission to report cancer-related data to the Cancer Registries annually.

In 2012, the National Working Plan for Chronic Disease Prevention and Control was launched and issued by 15 Ministries and coordinated by the Ministry of Health. Cancer Prevention and Control was integrated into this working plan.

In 2015, Three Year Action Plan for Cancer Prevention and Control was launched and issued by 16 Ministries with the Ministry of Health taking the leading role. The action plan entailed the following main elements: Multi-ministerial cooperation, Capacity building including pivotal role of National Cancer Center (NCC), Cancer registration, primary prevention (reducing tobacco use, HBV and HPV vaccination, curbing alcohol consumption, improving healthy diet, stimulating physical activity, enhancing awareness of occupational and environmental factors), secondary prevention with breast, colorectal, cervical and upper digestive tract cancers (oesophageal and stomach cancers) screening, and tertiary prevention with standardized diagnosis and treatment for common cancers. Moreover, research on anti-cancer drugs, Chinese Medicine, and health promotion were the priorities to be strengthened in cancer prevention and control.

In 2017, the China State Council issued the National Medium and Long-term Plan for Chronic Disease Prevention and Control (2017-2025). In 2019, the China State Council

launched the Healthy China Action Plan, including one specific action plan for cancer prevention and control. This action plan emphasized that health is related to each person and each family, and through the whole life-course. All the people, family, society and government have their responsibility in promoting health in China. The specific action plan for cancer prevention and control will focus on controlling the risk factors, capacity building, cancer information, screening and early detection, standardization of cancer diagnosis and treatment, integration with Chinese Medicine, health insurance and key projects on cancer research.

Since 2005, several cancer screening programs have been carried out in China and funded by the central government. 1) *National Cancer Screening program in Rural China*. This program was launched in 2005, and mainly implemented in high risk areas in rural China such as Lin County of Henan Province (high risk for oesophageal cancer), Qidong County in Jiangsu Province (high risk for liver cancer), Xiangyuan County in Shanxi Province (high risk for cervical cancer). So far, the upper digestive tract cancer screening program has covered 31 provinces in China. 2) *National Breast and Cervical Cancer Screening Program in Rural China*. This program was launched in 2009 and has covered all the counties in China. 3) *National Cancer Screening program in Urban China*. This program was launched in 2012 and has been implemented in 26 provinces. It provides screening for the city residents aged 40-74 years for 6 cancers including lung, breast, colorectal, liver and upper digestive tract cancers (oesophageal and stomach cancers). Moreover, health economic evaluation on 6 cancer screenings are being carried out within this program, in order to provide the evidence to the Chinese government for involving the cancer screening programs into health insurance system.

5. The potential for the Participating State to contribute to the research priorities of IARC, as described in the Agency's Medium-Term Strategy;

There is research expertise relevant to many of the research priorities of IARC. In particular:

Describing the occurrence of cancer: As outlined above, the National Cancer Registration Centre of China is a central element for cancer surveillance in the country. As such it can contribute to the cancer surveillance activities of the Agency, including *Globocan*, *Cancer Incidence in Five Continents*, which is the worldwide standard reference for cancer incidence.

Understanding the causes of cancer: IARC has collaborated with many partners in China on studies of the prevalence of human papillomavirus (HPV) infection in women and cervical neoplasia in several Chinese Provinces, and on studies on the role of HPV in other cancers

such as oesophageal cancer. Also, IARC has collaborations with China on a number of projects including: study of shift work and breast cancer, studies of lung, oesophageal and liver cancer. Dr Feng Li from Shihezi University School of Medicine in Xinjiang, participated in the International Childhood Cancer Cohort Consortium (I4C).

Evaluating interventions and their implementation: As outlined earlier on, Chinese scientists have been involved in implementing and assessing various cancer screening programmes, including breast cancer and cervical cancer.

Education and Training: Numerous Chinese Scientists participated in IARC's Education and Training Programme such as IARC summer school and IARC Fellowship Programme.

6. Evidence of current scientific and technical exchange with IARC.

China has a long history of scientific collaboration with IARC. There are a number of noteworthy features summarized as below:

- Collaborations not only involve scientists from IARC and China, but frequently catalyze international collaborations for Chinese research institutes
- Junior investigators who recently received training from IARC are now collaborators with the Agency after returning to their institutions in China
- The collaborative projects between IARC and Chinese scientists are competitive enough to attract international cancer research funding
- IARC provides funds to Chinese colleagues working on joint projects using the mechanism of Collaborative Research Agreements
- The links to IARC have resulted in Chinese scientists being invited as experts to participate in a number of different and important evaluation exercises, along with scientists from across the world, as part of high-profile IARC activities.

Cancer Surveillance:

- IARC coordinates an ambitious multi-partner project, the Global Initiative for Cancer Registry Development (GICR - <http://gicr.iarc.fr/>), to improve the quality and coverage of accurate cancer data by supporting the development of population based cancer registries in every country.
 - An agreement was signed in 2017 with the China National Cancer Center to become an IARC GICR Collaborating Centre for East Asia. Dr Wanqing Chen accepted the invitation to be part of the Advisory Committee for the GICR Regional Hub for South and East Asia, in Mumbai. Dr Freddie Bray travelled with Dr Wanqing Chen in June

2017 visiting the cancer registries in Beijing, Linzhou, Luoyang, Macheng and Wuhan, as well as China NCC.

- The Agency provides the secretariat of the *International Association of Cancer Registries* (IACR), a professional society dedicated to fostering the aims and activities of cancer registries worldwide.
 - 35 Chinese registries or individuals are currently members of IACR.
 - Dr Wanqing Chen has been invited to attend the IACR Board of Directors meeting in Utrecht October 2017 as an observer.
- The IARC publication *Cancer Incidence in Five Continents* (CI5) provides access to detailed information on the incidence of cancer recorded by regional or national cancer registries.
 - 102 Chinese registries submitted data, and 36 were included in CI5 Vol. XI, published in 2017.
- IARC publishes the *International Incidence of Childhood Cancer* (IICC), a compilation of worldwide data on childhood cancer.
 - 38 Chinese cancer registries were invited to participation in the third edition of IICC, 20 have submitted their data of which 5 were included. All submitting registries received a detailed feedback on the quality of their data.
- IARC conducts annual training courses in cancer registration and epidemiology.
 - In 2017, the IARC Summer School on cancer survival methods for registries included two participants from China - Dr Huizhang Li from the Zhejiang Cancer Center and Dr Xiaopeng Zhang from the Hefei Municipal Center for Disease Prevention and Control.
- IARC has launched the third edition of Cancer survival in Africa, Asia, the Caribbean and Central America (SurvCan-3).
 - 20 Chinese registries participated in this study.

- Training courses in cancer registration held in China.
 - An international course on “Introduction to Cancer Registration and its Application to Cancer Epidemiology” was held in Beijing in September 2009, which included 26 Chinese participants.
 - “Workshop on Cancer Registry Data for Cancer Control” organised in Shanghai in September 2014, in collaboration with the US NCI and hosted by Shanghai CDC and NCC Beijing: 80 participants from Chinese registries + 10 participants from Indonesia, Vietnam, and the Philippines.
- Collaboration with Dr You-Lin Qiao and Dr Shao-Ming Wang from CHCAMS in a project estimating the productivity lost caused by premature cancer death in China and other emerging countries. National data from the cancer registry is combined with the economic data to produce the estimates (ongoing).
- Collaboration on the ‘Cancer statistics in China’ article, published in 2015 with Dr Wanqing Chen, National Cancer Center, Beijing (<http://www.ncbi.nlm.nih.gov/pubmed/26808342>).
- Collaboration on hepatocellular carcinoma in China with Prof Yong-Bing Xiang, from the School of Public Health, Fudan University, Shanghai (<https://www.ncbi.nlm.nih.gov/pubmed/27199512>; <https://www.ncbi.nlm.nih.gov/pubmed/26543337>).

Cancer Causes:

- Burden of human papillomavirus infection in women in three different Chinese provinces (3 publications).
- Meta-analysis of human papillomavirus distribution in invasive cervical cancers in China and worldwide (1 publication).
- Effectiveness of different cervical cancer screening methods in three Chinese provinces (1 publication).
- Role of HPV in cancers other than cervical cancer (e.g., oesophageal cancer) (1 publication).

- A pooled analysis of 30,207 women from 17 population-based studies of HPV from China (IARC and non-IARC) (1 publication).
- Meta-analysis on the natural history of human papillomavirus infection in the anus according to gender and HIV status. (1 publication).
- Collaboration with Prof Zhengming Chen, Ling Yang, and Richard Peto (University of Oxford); Dr Yu Guo and Dr You-Lin Qiao, (CHCAMS) to assess for the first time the prevalence of *Helicobacter pylori* in the general population and cases of gastric cancer in ten Chinese provinces in the framework of the China Kadoorie Biobank (ongoing).
- Collaboration with CHCAMS to use the most recent data from 72 population-based cancer registries in order to estimate the burden of cancer to infections and potentially preventable in China. A collaborative agreement was signed in 2019 (ongoing).
- Meta-analyses of KSHV seroprevalence in China (1 publication, 2017)
- "Hot beverage consumption (HOT-China)". IARC collaborates with CHCAMS in this study to measure beverage and food consumption temperatures in the Chinese National Cohort of Esophageal Cancer (NCEC). This will involve using the beverage temperature measurement protocol developed for the Esophageal Squamous Cell Carcinoma African Prevention Research (ESCAPE) project and implementing it with cohort participants in 7 high incidence counties in China. This will provide a valuable opportunity to cross-fertilize research strategies and etiological knowledge between two of the highest ESCC incidence regions globally.
- "International Pooling Project of Mammographic Density: Individual-level pooled analysis of breast density and its determinants across diverse countries".
The University of Hong Kong Faculty of Medicine, and the Department of Surgery, Hong Kong Sanatorium and Hospital, Hong Kong, participate in this project coordinated by IARC. Women undergoing self-referral for mammography screening at either institution, were selected for inclusion in this study.
- The SYNERGY project - "Studying lung cancer risk associated with combined occupational exposures and smoking, by pooling case-control studies of lung cancer from 13 countries".
China participates in this IARC coordinated project through a population-based case-control study comprising 1,207 male cases and 1,069 male controls, conducted in Hong-Kong between 2003 and 2007.

- Ongoing collaboration with Dr Wei-Min Tong investigating the function of specific genes involved in DNA repair and cancer.
- Collaboration with the "Born in Guangzhou Cohort Study", a mother-child cohort investigating short- and long-term effects of maternal exposure on the health of mothers and children. Our collaboration with Dr Xiu Qiu, principal investigator of this cohort, aims to characterise foetal exposure and childhood cancer risk using omics approaches.

Cancer Prevention:

- Technical assistance to visual inspection screening projects for cervical cancer in several Chinese provinces in collaboration with Dr You Lin Qiao, Dr Fang-Hui Zhao and colleagues at the China National Cancer Center / Cancer Hospital, CAMS, Beijing.
- Technical assistance to breast cancer early diagnosis programme in the Inner Mongolia Province in collaboration with Dr You Lin Qiao, Dr Fang-Hui Zhao and colleagues at the China National Cancer Center / Cancer Hospital, CAMS, Beijing.
- Training courses on cervical cancer early detection and prevention (1 or 2 training courses per year) for master trainers are conducted on a continuing basis in collaboration with Dr You Lin Qiao and colleagues at the China National Cancer Center, Beijing.
- IARC has initiated a collaborative study "Evaluation of the acceptability, safety and effectiveness of cold coagulation in the prevention of cervical neoplasia" with Dr. Fang-Hui Zhao and her team. IARC has donated the thermo-coagulator to be used in the study and provides the technical support.

Participation in IARC working groups

IARC Monographs

Vol. 90 "*Human papillomaviruses*" (2007)

- Dr You-Lin QIAO, China National Cancer Center / Cancer Hospital, CAMS, Beijing.
- Dr Min DAI, China National Cancer Center / Cancer Hospital, CAMS, Beijing.

Vol. 95 "Household use of solid fuels and high-temperature frying" (2010)

- Dr Yu-Tang GAO, Department of Epidemiology, Shanghai Cancer Institute, Shanghai.

- Ignatius Tak-Sun YU, Department of Community and Family Medicine, The Chinese University of Hong Kong, Hong Kong.

Vol. 96 "*Alcohol consumption and ethyl carbamate*" (2010)

- Dr Lin CAI, Department of Epidemiology and Biostatistics, School of Public Health, Fujian Medical University, Fujian.

Vol. 100B "Biological agents" (2012)

- Dr Yue-Yi FANG, Institute of Parasitic Diseases' Control, Guangdong Province, Guangzhou.

Vol. 109 "Ambient air pollution" (2015)

- Dr Wei HUANG, Department of Occupational and Environmental Health, Peking University Health Science Center, Beijing.

Other working groups of the IARC Monographs

- Dr Min DAI China National Cancer Center / Cancer Hospital, CAMS, Beijing, was invited to participate in the "*Advisory Group to Recommend Priorities for the IARC Monographs during 2015-2019*" – 18-19 April 2014.
- Dr Min Dai, China National Cancer Center / Cancer Hospital, CAMS, Beijing, was invited to participate in the "*Advisory Group to Recommend Priorities for the IARC Monographs during 2020-2024*" – 25-27 March 2019.

IARC Handbooks

Vol 15 "*Breast Cancer Screening*" (2016)

- Dr You-Lin QIAO, China National Cancer Center / Cancer Hospital, CAMS, Beijing.

Vol 17 "*Colorectal Cancer Screening*" (2017)

- Dr Joseph JY Sung, The Chinese University of Hong Kong, Hong Kong.

WHO/IARC Classification of Tumours

WHO Classification of Tumours of the Breast, 4th Edition (2012)

- Dr Yun NIU, Breast Pathology Department and Laboratory, Cancer Institute and Hospital, Tianjin Medical University, Tianjin.

- Dr Gary TSE, Department of Anatomical and Cellular Pathology, the Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong.

WHO Classification of Tumours of Soft Tissue and Bone, 4th Edition (2013)

- Dr Hsuan-Ying HUANG, Department of Anatomical Pathology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung City.

WHO Classification of Tumours of Female Reproductive Organs, 4th Edition (2014)

- Dr Dengfeng CAO, Department of Pathology, Peking University Cancer Hospital, Beijing.
- Dr Annie N.Y. CHEUNG, Department of Pathology, The University of Hong Kong, Hong Kong.
- Dr Aijun LIU, Department of Pathology, Chinese PLA General Hospital, Beijing.
- Dr Xianrong ZHOU, Department of Pathology Obstetrics & Gynaecology Hospital, Shanghai.

WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart, 4th Edition (2015)

- Dr John KC CHAN, Department of Pathology, Queen Elizabeth Hospital, Hong Kong.
- Dr Gang CHEN, Department of Pathology, Zhongshan Hospital, Fudan University, Shanghai.
- Dr Ka-Fai TO, Anatomical and Cellular Pathology, The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong.

WHO Classification of Tumours of the Central Nervous System, Revision of the 4th Edition (2016)

- Dr Suet Yi LEUNG, Department of Pathology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Queen Mary Hospital, Hong Kong.
- Dr Ho-Keung NG, Department of Anatomical and Cellular Pathology, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.

WHO Classification of Head and Neck Tumours, 4th Edition (2016)

- Dr Wah CHEUK, Department of Pathology, Queen Elizabeth Hospital, Kowloon, Hong Kong.
- Dr Jiang LI, Department of Oral Pathology, 9th People's Hospital, Shanghai Jiao Tong University, School of Medicine, Shanghai.

- Dr Tie-Jun LI, Department of Oral Pathology, Peking University School of Stomatology, Beijing.
- Dr Xiao-Qiu LI, Department of Pathology, Fudan University Shanghai Cancer Center, Shanghai.

WHO/IARC Classification of Tumours Editorial Board (2017)

- Dr Annie NY Cheung, MBBS, MD, PhD, FRCPath, FHKAM(Path), Laurence L T Hou Professor in Anatomical Molecular Pathology, Clinical Professor Dept. of Pathology, The University of Hong Kong; President, Hong Kong College of Pathologists

Training:

Training courses organised in China

IARC (ETR and SCR) signed a Memorandum of Agreement with the China National Cancer Center / Cancer Hospital, CAMS, to further strengthen collaboration on joint training: Since then, the Joint Cancer Prevention and Control Training Programme (CPCTP) organized three joint Training Courses in Shenzhen, China, in 2017, 2018 and 2019 targeting cancer researchers and practitioners from the Association of Southeast Asian Nations (ASEAN) regions and China.

Chinese scientists awarded a IARC Senior Visiting Scientist Fellowship

- Professor Fang-Hui ZHAO - Director, Department of Cancer Epidemiology, China National Cancer Center / Cancer Hospital, CAMS, Beijing. Hosted in the IARC Screening Group. Started on 30 November 2015 for twelve months.

Chinese scientists awarded IARC Medal of Honour

Professor You-Lin QIAO, China National Cancer Center / Cancer Hospital, CAMS, Beijing is awarded the 2011 IARC Medal of Honour.

Memoranda of Understanding signed with China since 2013:

- MoU with China National Cancer Center / Cancer Hospital, CAMS, Beijing (signed 2013)
- MoU with the China National Cancer Center (CNCC), Beijing (signed 2017)
- MoU with the Chinese Center for Disease Control and Prevention (CNCC), Beijing (in preparation)

- MoU with the China National GeneBank (CNGB), Shenzhen (in preparation)
- MoU with the Shanghai Jiao Tong University (SJTUSM) (signed in 2019)

Annex to Document GC/63/2

Governing Council Subcommittee
15 April 2020

REPORT FROM THE SUBCOMMITTEE ON THE ADMISSION OF NEW PARTICIPATING STATES: APPLICATION OF THE PEOPLE'S REPUBLIC OF CHINA

Present: Dr Ana Cristina Pinho Mendes Pereira (Brazil)
Dr Stephen M. Robbins (Canada) & Acting Chairperson, Governing Council (member
ex officio) *[unable to attend]*
Dr Yousuke Kita (Japan)
Mr Jeroen Hulleman (The Netherlands)
Dr Mark Palmer (UK) & Chairperson of the Subcommittee

1. The Governing Council Subcommittee on the Admission of New Participating States met by teleconference on 15 April 2020 to consider the application of the Government of the People's Republic of China for admission in the International Agency for Research on Cancer.
2. The Subcommittee noted that the Government of the People's Republic of China had applied to be admitted as a Participating State by letter received electronically with its annex on 3 March 2020 and transmitted by the Director-General to all Participating States on 7 and 8 April 2020¹.
3. As required by Resolution GC/54/R17, in order to assess whether "the State is able to contribute effectively to the scientific and technical work of the Agency" (Statute Article XII), the Subcommittee reviewed the report on the status of cancer research activities in the People's Republic of China (see Document GC/62/21 Appendix). From this review, the Subcommittee agreed that the People's Republic of China has scientific and technical exchanges with IARC, has funding, interest and capacity in cancer research, has a national medium and long-term plan for chronic diseases prevention and control (2017–2025), and a specific action plan for cancer prevention and control since 2019, and therefore meets all the requirements to demonstrate that they would effectively contribute to the research priorities of IARC, as described in its Medium-Term Strategy.
4. In accordance with Article III of the Statute, the Government of the People's Republic of China also undertook "to observe and apply the provisions of the IARC Statute", in its application letter.
5. The Subcommittee recommends that the Governing Council admit the People's Republic of China as a Participating State of the International Agency for Research on Cancer.

¹ The WHO Director-General's office was following up with the Chinese Permanent Mission in Geneva to obtain the **original** signed letter; however, given the extraordinary circumstances due to the COVID-19 crisis, the DGO sent the Notes Verbales to all IARC Participating States on 7 and 8 April 2020, based on the electronic version.