

# International Agency for Research on Cancer (IARC)

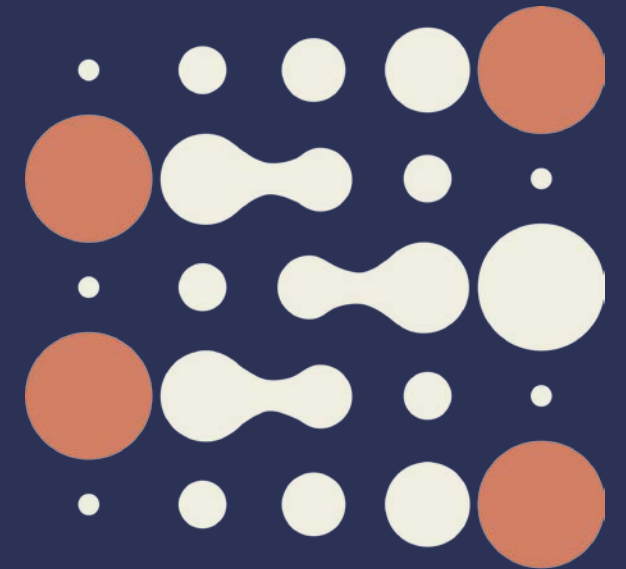
## Orientation session for new Scientific Council members

Dr Tamás Landesz, Director of Administration and Finance

Dr Véronique Chajès, Programme Officer, Director's Office

Dr Chiara Scoccianti, Ethics & Compliance Officer, Director's Office

International Agency  
for Research on Cancer



*ORS for Scientific Council members, 11 January 2022, by web conference*

# Agenda

I - IARC's mission, and main areas of activity

II - IARC's governance, operations and financing

III – IARC Ethical Framework

# IARC's Mission: research on cancer prevention

- Holds a unique dual position as an **international cancer research institute** and as the **cancer research agency of the WHO** within the United Nation's system
- Plan, coordinate and develop research in all phases of the causation, treatment and prevention of cancer;
- Collect and disseminate information on the epidemiology of cancer, on cancer research and on the causation and prevention of cancer throughout the world;
- Conduct studies on the natural history of cancer;
- Provide education and training of personnel for cancer research.



Established in May 1965 with the aim of promoting international collaboration in cancer research

# Why research on cancer prevention?

- ❑ Because thanks to research, we know now that up to **50% of all cancers can be prevented**
- ❑ Best way to prevent cancer is to identify and understand the causes and evaluate their interventions



# IARC and WHO: a complementary partnership

**International Agency for Research on Cancer**



**World Health Organization**

**RESEARCH ON CANCER PREVENTION**

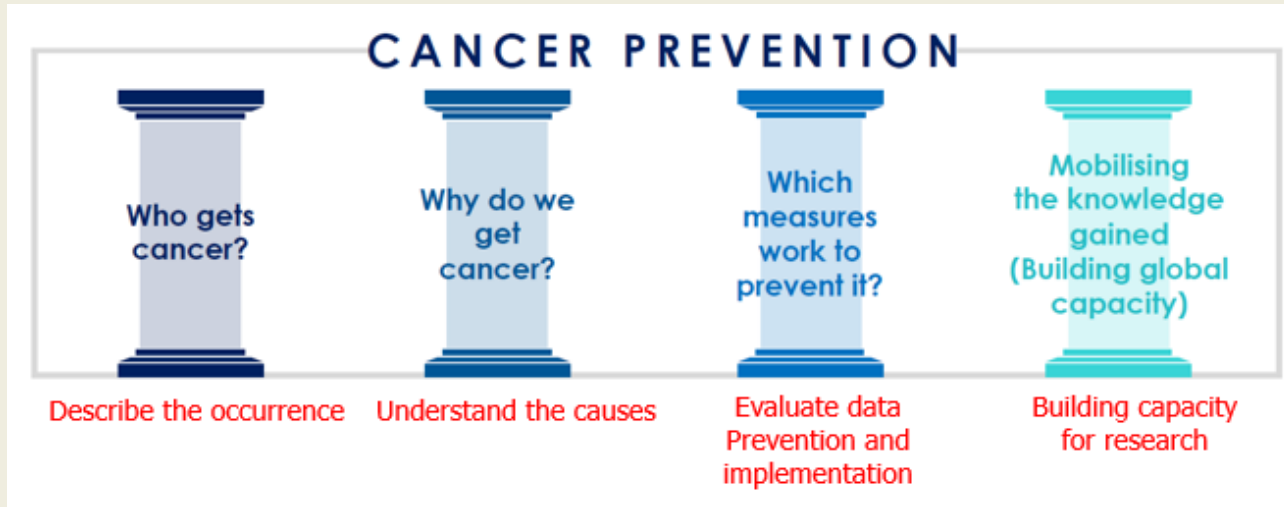
Evidence-base for cancer prevention and control programmes

Translates the scientific evidence into guidelines and policies



# IARC Medium-Term strategy 2021-2025: adopted in May 2021

## ○ Fundamental activities



## ○ Emerging priorities



Cancer research that matters



[Document GC/63/6A](#)

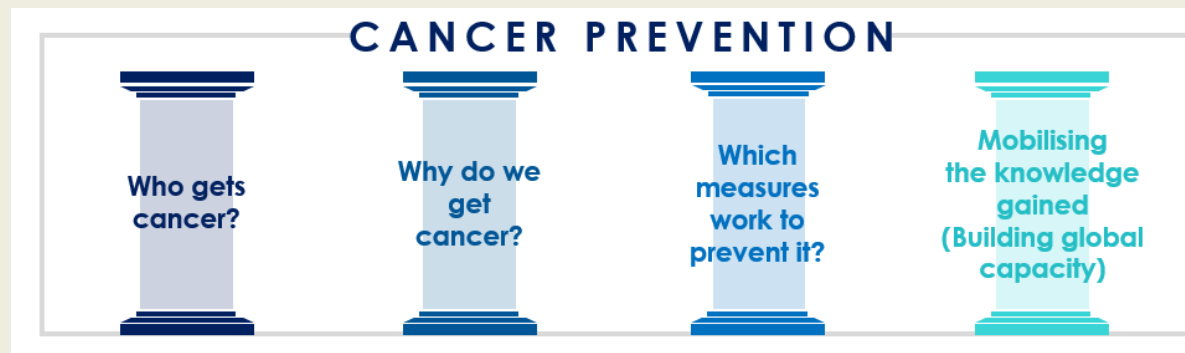
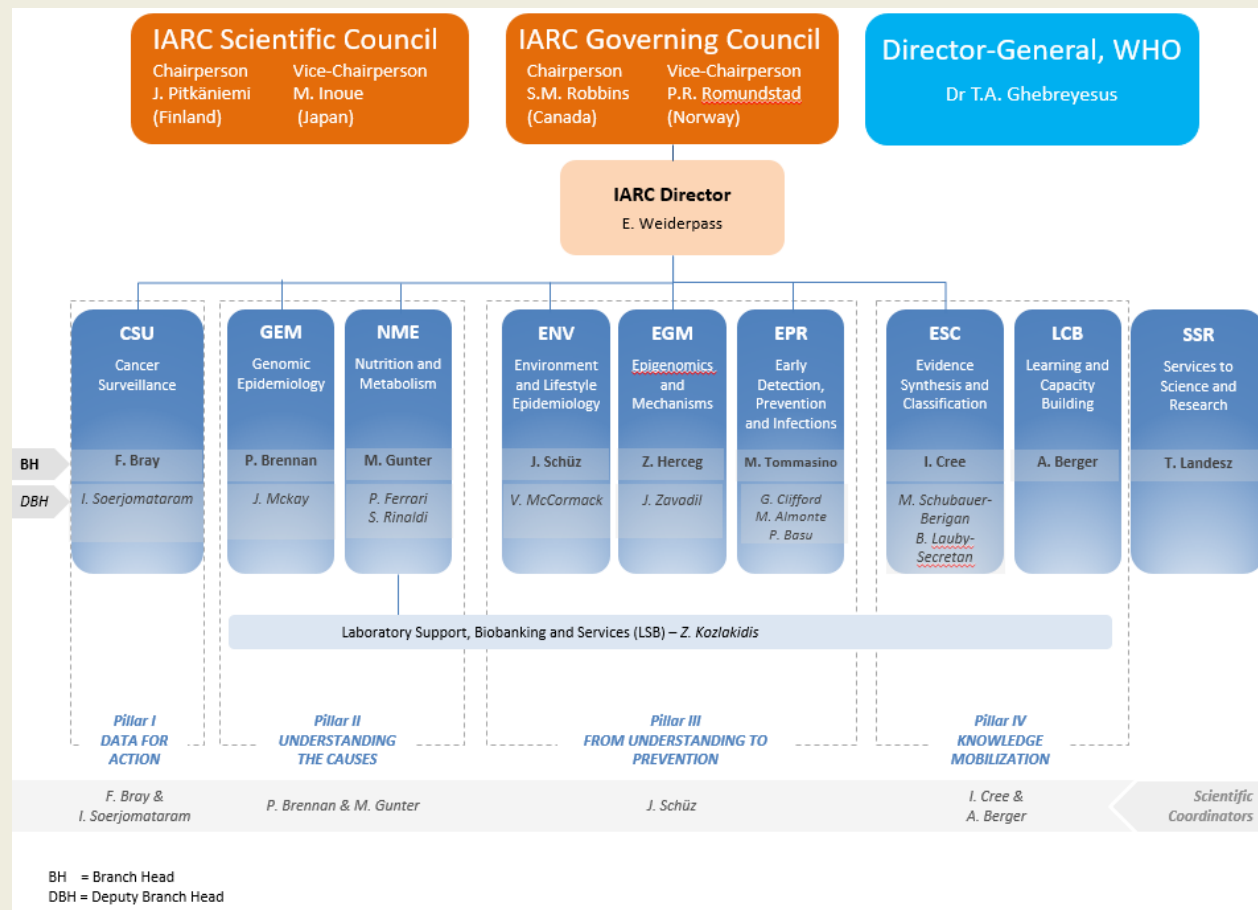
[https://events.iarc.who.int/event/29/attachments/67/154/GC63\\_6A\\_MTS\\_2021-2025.pdf](https://events.iarc.who.int/event/29/attachments/67/154/GC63_6A_MTS_2021-2025.pdf)

# Organizational structure

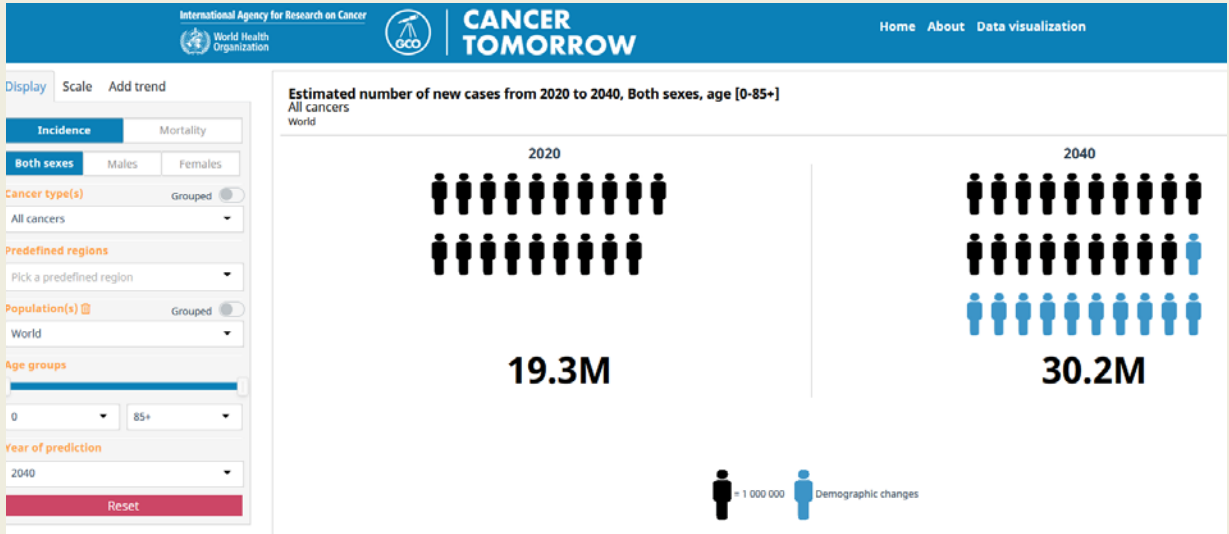
## 2021

New Organizational structure:

- 4 Pillars
- 8 scientific Branches
- 1 administrative/operations Branch



# Pillar 1: *Data for Action*



19.1 million new cancer cases in 2020 worldwide

30.2 million predicted new cancer cases by 2040



## Pillar 2: *Understanding the causes*

IARC Biobank has  
**6 million**  
biological specimens  
collected worldwide

### Cancer research that matters



NUTRITION



INEQUALITIES



ENVIRONMENT



EPIGENETICS



INFECTIONS



GENETICS

# Pillar 3: *From understanding to prevention*

## Implementation research:

❑ Implementing **HPV vaccination programmes**

❑ Implementing **screening programmes** (cervical, breast, colorectal cancers)

❑ **Understand main barriers to cancer screening, diagnosis and treatment**

The 4<sup>th</sup> edition of the **European Code against cancer**



[cancer-code-europe.iarc.fr](http://cancer-code-europe.iarc.fr)

## Pillar 4: *Knowledge Mobilization – Evidence synthesis*

**50 years** of the *IARC Monographs* with **1032** agents evaluated for carcinogenicity. Identification of more than **400** carcinogenic to humans.

### *IARC Handbooks of Cancer Prevention:*

**Volume 18** (Cervical Cancer Screening, 2021) and **Volume 19** (Oral Cancer Prevention, 2022)

### *WHO Classification of Tumours* series (WHO Blue Books):

*Soft Tissue and Bone Tumours*, 5th edition (2020)

*Female Genital Tumours*, 5th edition (2020)

*Thoracic Tumours*, 5th edition (2021)

*Central Nervous System Tumours*, 5th edition (2021)

# Pillar 4: *Knowledge Mobilization – Training and e-learning*



## Early Career and Visiting Scientists

- IARC Postdoctoral Fellowships awarded to candidates from low- and middle-income countries through the IARC Research Training and Fellowship Programme
- **254 ECVS** in 2020-2021 from **58 countries**

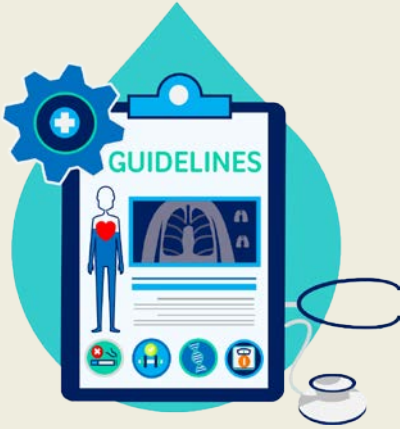
## Senior Visiting Scientists

- For scientific exchange with established scientists

## Training courses (e-learning offerings)

- Training and webinars targeting low- and middle-income countries
- Training related to IARC expertise in cancer surveillance, Biobanking, cancer prevention and early detection, the World Cancer Report Webinars (HPV vaccination, social inequalities, obesity and cancer)

# Emerging priorities



## Implementation research

IARC will build upon the relevant experience it has accumulated so far in evaluating population-based early diagnosis and screening programmes, and in leading collaborative research networks. This work is expected to facilitate IARC's gradually increasing engagement in studying the implementation of evidence-based cancer prevention interventions in a variety of settings and involving various groups of populations, with a focus on LMICs.



## Economic and societal impacts of cancer

IARC has conducted research related to the economics of cancer since 2014, including the systematic description of the economic burden of cancer and the generation of evidence and tools to inform national policy-making and resource allocation related to cancer prevention.

IARC is well suited to undertake research in relation to cancer inequalities.



## Evolving cancer risk factors and populations in transition

IARC's expertise is its descriptive epidemiological work, in particular the study of cancer incidence attributable to relevant risk factors.



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# IARC Participating States



# IARC Participating States

- Any member of WHO may become an IARC Participating State (PS) provided:
  - Undertake to **“observe and apply the provisions of the IARC Statute ”**
  - Should be **“able to contribute effectively to the scientific and technical work of the Agency”**
- Applications from new PS are evaluated by the Governing Council’s (GC) **“Subcommittee on the Admission of New PS”**
- Approval by more than 2/3 majority of the GC

# Role of the Governing Council

- The Governing Council (GC) oversees the work of the Agency
- It is composed **of one representative of each Participating State** and the WHO Director-General (or representative)
  - representatives are appointed by and represent their Governments
- GC **meets at least once per year** in Lyon (*virtual since 2020*), usually in May the week prior to WHO's World Health Assembly
- Specific tasks/responsibilities:
  - decide on changes to IARC's Statute, Rules and Regulations
  - elect the IARC Director
  - adopt the budget
  - considering the recommendations of the SC:
    - adopt the Medium-Term Strategy and the programmes of the Agency
    - approve any special projects

# Role of the Scientific Council

- Reviews IARC's scientific activities providing advice and making recommendations on the scientific aspects of its **programme, strategy and priorities**
- Composed of senior scientists from all PS, selected on the basis of competence, **not as national representatives**
- Members are appointed by the GC for **one four-year terms**
- Meets once per year in Lyon (*virtual in 2021 and 2022*), in late January/February
- Specific tasks/responsibilities:
  - periodic evaluation of the Agency's activities (participating in the peer-review of Branches)
  - evaluation of special projects proposed by the Agency
  - advising the GC on the scientific aspects of the Programme
  - advising the GC on the evaluation of the MTS and its implementation



# Communication between Governing and Scientific Councils – a crucial relationship

- **Regular teleconferences** between the Chairs and Vice-Chairs of both Councils and the Director
- **Joint Working Groups**, e.g. to advise on the preparation of the Medium-Term Strategy (MTS) and the evaluation of the MTS
- Scientific Council members can **brief their Governing Council members** – advocacy role
- Scientific Council members can **advise Governing Council members on their successor**

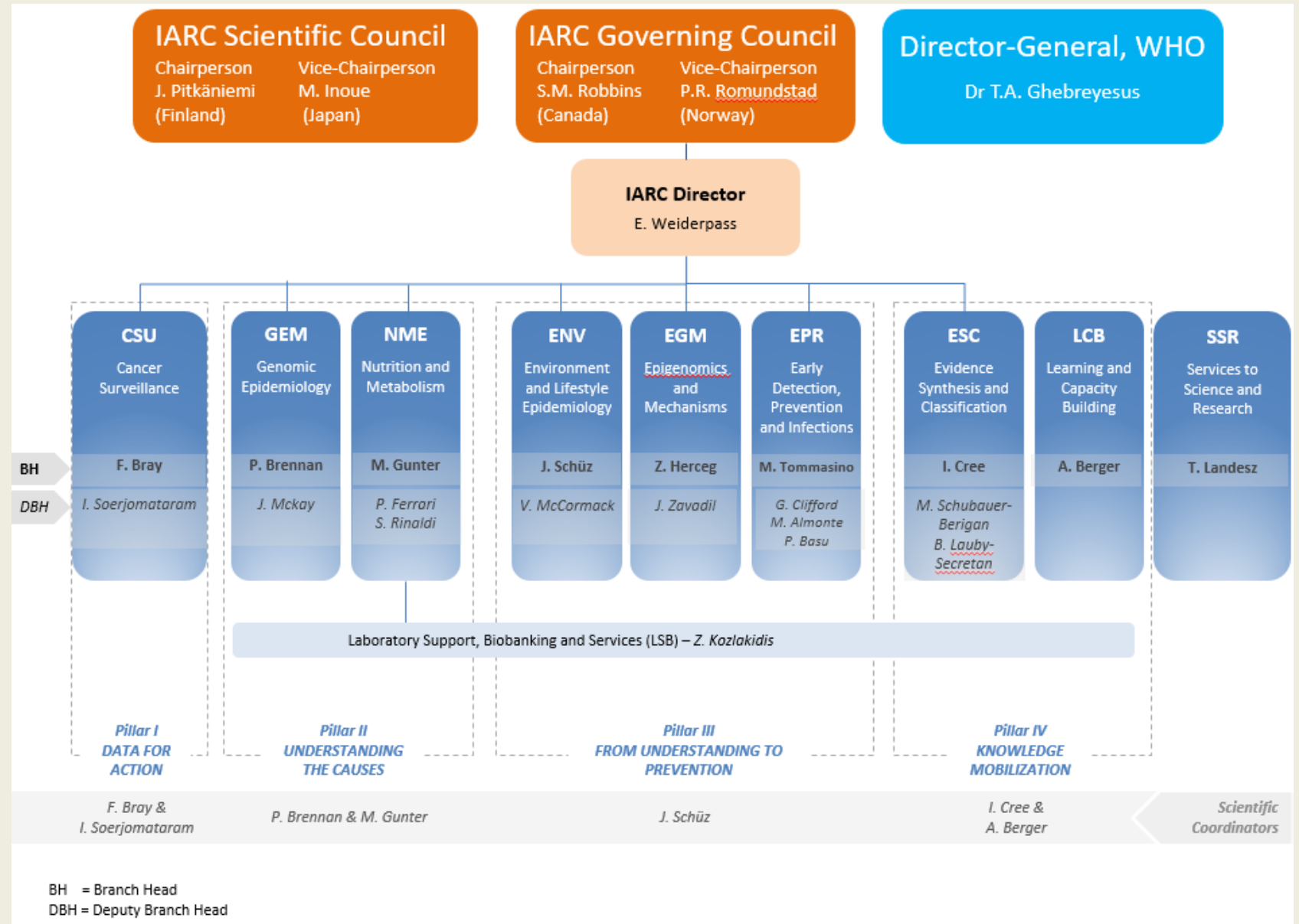
# IARC Director

- **Provides leadership and sets the strategy and direction** for the Agency
- **Ex-officio Secretary of the GC, SC** and of any of their committees and working groups
- **Formulates the IARC Medium-Term Strategy**
- Responsible for **preparing the Agency's biennial programme and budget**
- **Reports to the SC and GC annually** on progress of the implementation of the scientific programme

# IARC organizational structure *(effective from 1 January 2021)*

8 scientific branches,  
1 administrative/  
operations Branch

4 Pillars



# Review of IARC scientific activities

## Two complementary levels of review:

### I - Peer-review of Branches

- Primary mechanism for evaluating the scientific quality of the outputs of individual Branches
- Assesses the alignment of the programmes of the Branches to the Agency's Strategy and their contribution to its broader Mission
- Rolling 5-year cycle independent from the Medium-Term Strategy

### II - Review of the implementation of the IARC Medium-Term Strategy

- Evaluates the overall progress in the implementation of the MTS by monitoring results and their alignment to the stated priorities
- Assesses the impact of the Agency's activities and their contribution towards fulfilling its high-level strategic objectives
- Evaluates the implementation of the Agency's programmes transversally across the organisation, independently from the Branch structure

# Scientific Peer-Review Process

- The objective is to conduct a detailed review of the scientific activities of each IARC Branch providing:
  - an **assessment of scientific quality and merit** of the work performed **based on past achievements and future plans**;
  - an assessment of **how well it fits with the overall mission of IARC**
- Each Branch reviewed approx. every 5 years (2 Branches per year)
- Review Group composed of 5-7 members with appropriate expertise, including at least two members of the SC
- Report of the Review Group presented to the SC by the Chairperson
- Each IARC Branch scored in relation to:

## Scientific quality

- **O** (Outstanding)
- **F** (Forefront)
- **C** (Competitive)
- **NC** (Not Competitive)
- **U** (Unsatisfactory)
- **P** (Preliminary)

## Relevance to IARC's mission

- Perfect fit
- Good fit
- Questionable fit
- Poor fit



# IARC Programme and Budget

- **Biennial Programme and Budget** prepared by the IARC Secretariat
- SC **reviews the Programme and Budget** and makes recommendations to the GC
- GC considers recommendations, **approves the Programme and adopts the Budget**
- GC approves special projects and decides on allocation of supplementary funds

# IARC funding sources and composition of budget

**Regular Budget (RB)** – comes from the assessed contributions on Participating States

- RB approved for the **biennium 2022-2023** is **45 371 329 euros**
- RB covers core staff and operational costs, and a modest non-staff budget (~100,000 euros per annum per Group)

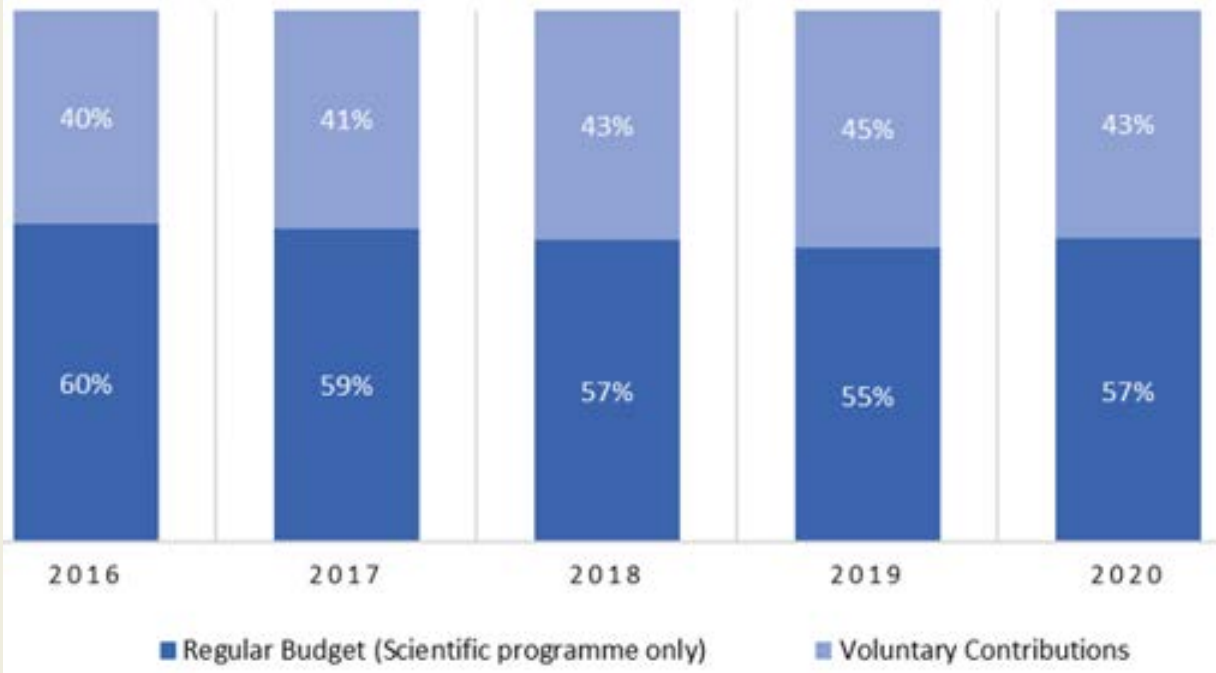
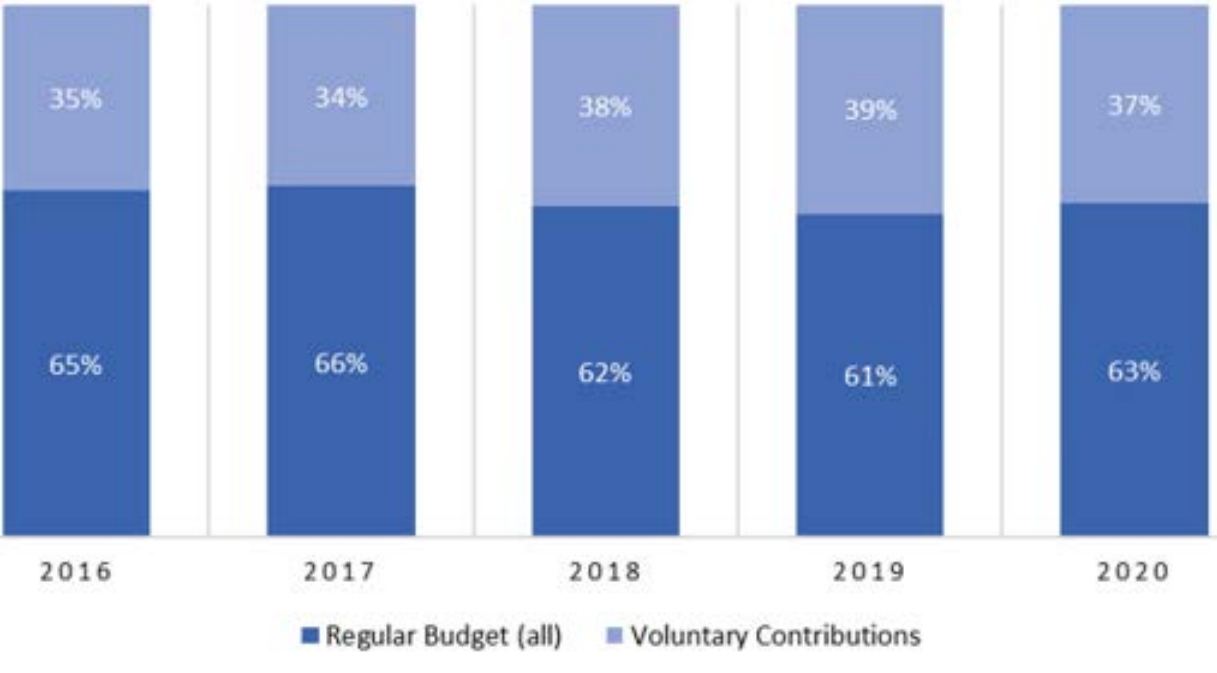
**Extrabudgetary sources** – mainly from

- **Voluntary Contributions** – from competitive grants, direct contributions and donations (*main donors: Cancer Research UK, NIH USA, World Cancer Research Fund, BMGF, INCa France, European Commission ...*)
- **Programme Support Costs or Indirect Costs** – generated from overheads recovered on research grants
- **Governing Council Special Fund** – variety of sources i.e. revenue from sales of publications, interest income, contributions from new Participating States (unbudgeted assessment), and miscellaneous income

# Assessed contributions on Participating States

- Calculation of the assessed contribution from IARC Participating States (PS)
  - **70% of the Regular Budget is borne equally by all PS**
  - **30% is assessed in accordance with a unit system** based on each country's participation in the WHO scale of assessment:
    - Group 1 ( $\geq 8\%$  in WHO scale) - 8 units
    - Group 2 ( $\geq 4\%$  and  $< 8\%$  in WHO scale) - 4 units
    - Group 3 ( $\geq 2\%$  and  $< 4\%$  in WHO scale) - 2 units
    - Group 4 ( $\geq 0.5\%$  and  $< 2\%$  in WHO scale) - 1 units
    - Group 5 ( $< 0.5\%$  in WHO scale) - 0 units
- Gradual increase in financial participation in the first 3 years
- All PS make a similar contribution/voice, ensuring equity in decision making

# Expenditure financed from Voluntary Contributions compared to Regular Budget





# A "Nouveau Centre" for IARC





# A “Nouveau Centre” for new ambitions



## NEW BEGINNING

Located in the Lyon Gerland-Biodistrict area of Lyon, the Nouveau Centre will open its doors in 2022. As the IARC's new flagship premises, it will become a central element of the agency's identity. A Nouveau Centre for a renewed IARC.

## 'OPEN SCIENCE'

The culture of the Nouveau Centre is centred on 'openness'. This will be promoted through open days, conferences and events, expanded biobank access to national and international partners, etc, Thus giving an opportunity for the IARC to interact with a broader public.

## STRATEGIC LOCATION

Strategically located, its proximity with other key players in the field of global health, like the WHO Academy, both national and international, will increase not only collaborations but also the IARC's visibility.

## COLLABORATIVE SPACE

A modern building with state of the art infrastructure, the Nouveau Centre will become a space to host world renowned scientists, experiments and innovative projects; flagship events and conferences as well as bring together multi-sectoral donors, influencers and ambassadors. An opportunity to position IARC's excellence

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# For effective maintenance of IARC reputation

- ❖ **IARC Reputation**: credibility, objectivity, trust
- ❖ Quality of our work and collaborations
- ❖ Alignment of decisions with IARC's culture and mandate

# Main components

- ❖ **IARC Values Charter and Principles of Conduct**
- ❖ **Mitigation of reputational risk**
- ❖ Tools for ethical decision making and dialogue
- ❖ Communication
- ❖ Training
- ❖ Update of policies and mechanisms

# Values Charter and Principles

**Collaborative colleagues and partners**

**Why is this value important?**  
Agencies use our collective brain and work more effectively.  
Collaboration strengthens links for better outcomes and partners.  
We can achieve results on a larger scale and have a bigger impact on public health.  
Collaboration helps us to grow on both the professional and personal level.

**How can you demonstrate this value?**  
Share expertise, competencies, knowledge, and resources.  
Use your working to improve the health of others (public health/world health).  
Engage internationally.  
Participate actively in the life of the Agency.  
Be honest, be open, and share to others.

**People caring about people**

**Why is this value important?**  
It creates a better and more motivating work environment.  
We are better able to address the health of others (public health/world health).

**How can you demonstrate this value?**  
Practice courtesy, respect, and mutual respect.  
Demonstrate care for the people we serve to clients and colleagues with others.  
Be practical, reliable, and proactive.  
Make yourself available to your colleagues.

**Professionals committed to excellence in health research**

**Why is this value important?**  
It ensures the high quality of our work.  
Our efforts are inspired where they can have the greatest impact.  
We are ambassadors for the Agency both inside and outside the office.

**How can you demonstrate this value?**  
Share knowledge, skills, and resources widely.  
Encourage continuous personal and professional development.  
Commitment aims for 'high quality' in everything we do.

**Persons of integrity**

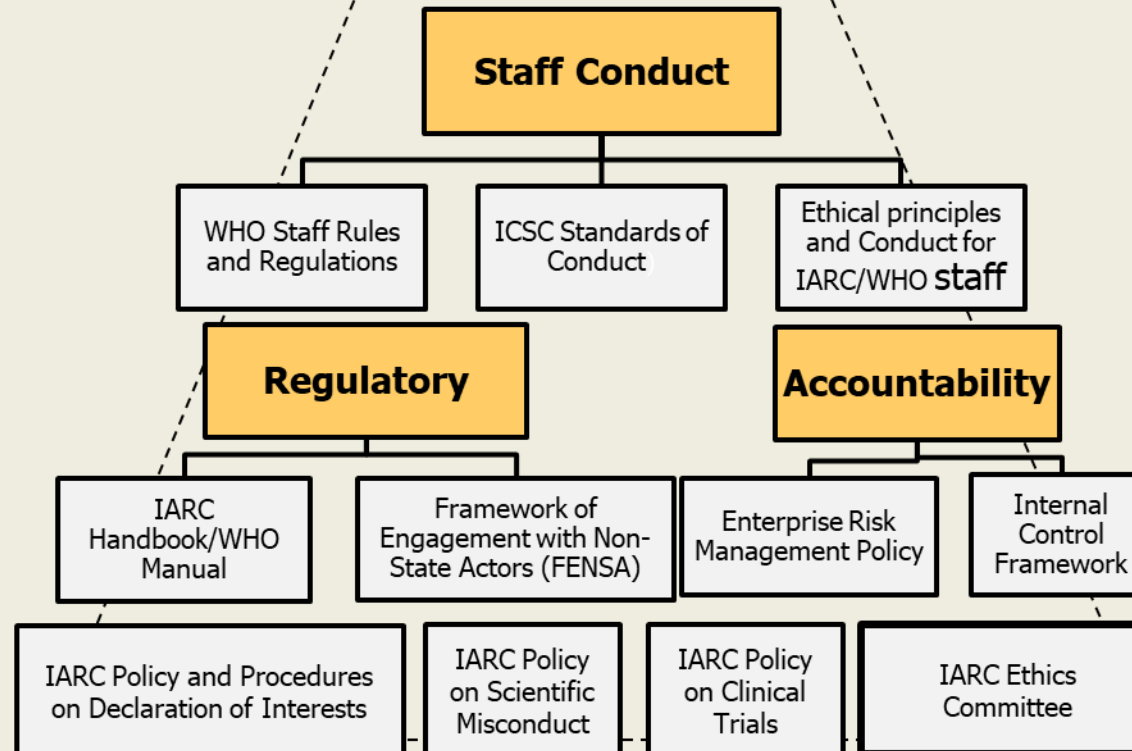
**Why is this value important?**  
It ensures the trust and reputation of the Agency and its personnel.  
The Agency is a trusted reference and model.  
It makes us proud to work for the Agency.  
Our decisions are based on our values, the need by our job, the do what we see will do.

**How can you demonstrate this value?**  
Take responsibility for your actions.  
Act with respect, fairness, honesty, and care.  
Encourage honest and open communication.  
Celebrate and share our cultural differences.  
Respect for the contributions of others.

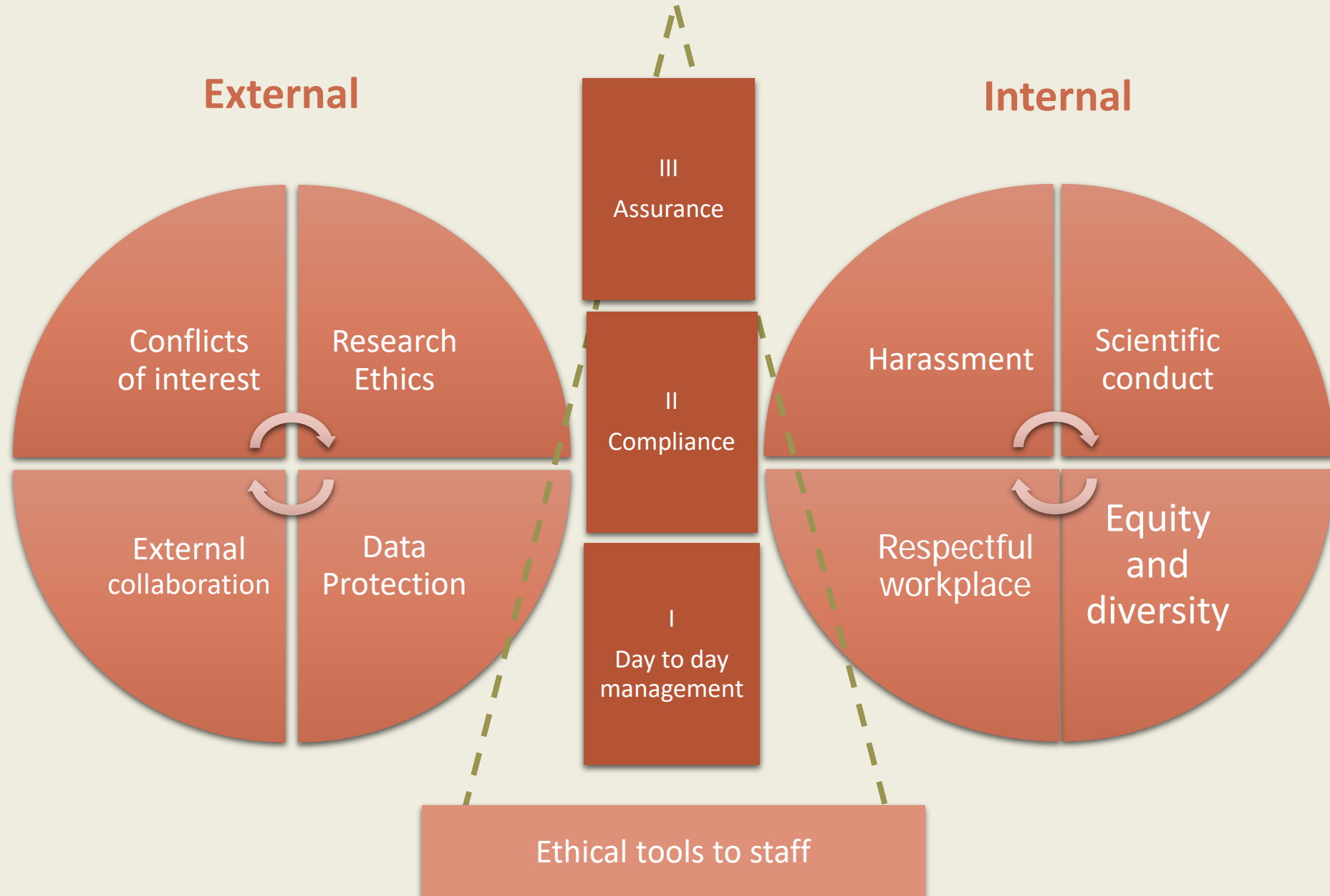
**Trusted to serve public health at all times**

**Why is this value important?**  
Trust increases the impact of our work. Science then can be trusted and given value.  
Trust adds power to the recommendations that we make.  
Our recommendations and commitments are credible, honest, independent, and transparent.

**How can you demonstrate this value?**  
Put your colleagues, and encourage trustworthy behaviour.  
Put the public interest before your personal interests.  
Speak openly, freely, and on a regular basis.  
Encourage freedom of expression of criticism.



# Reputational risk mitigation



# Thank you

International Agency  
for Research on Cancer

