

The Director's report (see **Document GC/62/3**) covers the period since the 61<sup>st</sup> Session of the Governing Council. It is divided into three major parts: 1) Scientific highlights; 2) Cooperation, Partnerships and Strategic Engagement; and 3) Management.

The following slides provide **complementary information** and showcase **a selection of events** within these three parts of the Director's report.

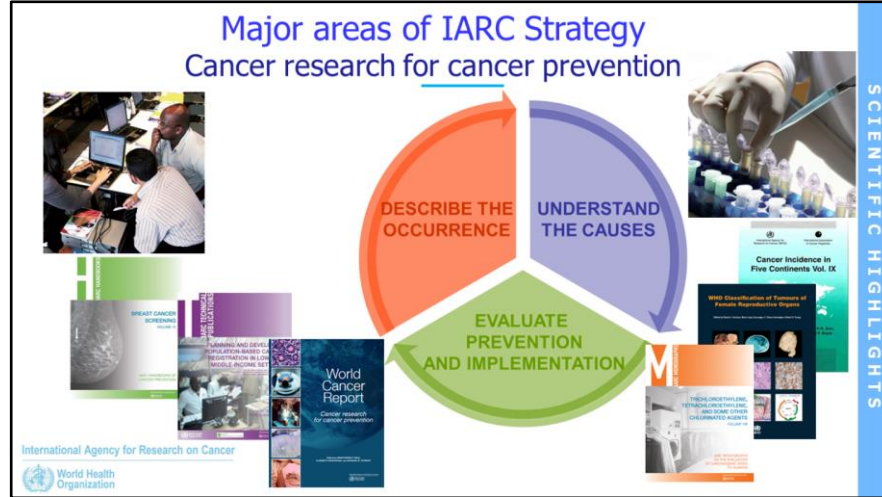
## Outline

- Scientific highlights
- Cooperation, Partnerships and Strategic Engagement
- Management
- Summary

International Agency for Research on Cancer



The selected highlights of the Director's report are presented according to the three parts: **i) Scientific highlights; ii) Cooperation, partnerships and strategic engagement, iii) Management.** A summary will complete the presentation.



The IARC Biennial Report 2018-2019 (see **Document GC/62/2**) provides an overview of the full range of IARC’s scientific achievements in the biennium. The related slides showcase a selection of the Agency’s research over the last biennium (see **slides-Biennial report 2018-2019**).

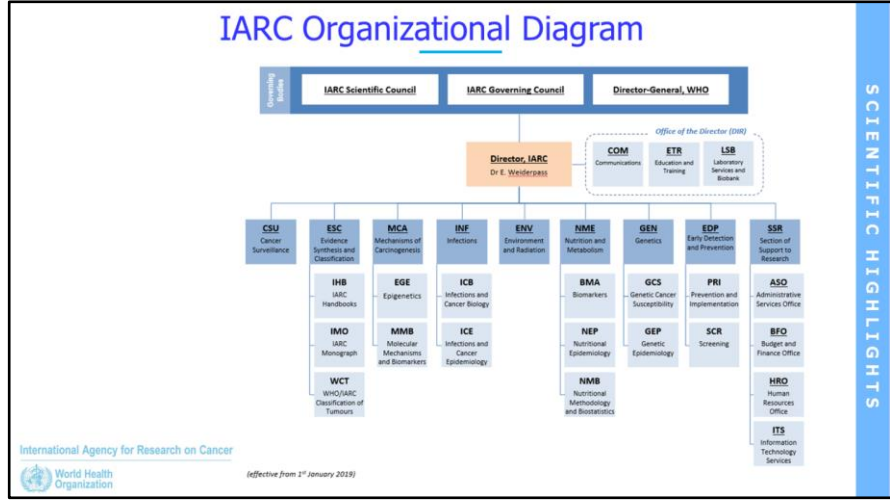
This slide shows the **major areas of IARC research strategy**.

IARC makes a major contribution to cancer control through its focus on providing the evidence base for prevention. Specifically, the three main areas of IARC’s work are: i) Describing the occurrence of cancer, ii) Understanding the causes of cancer, and iii) Evaluating and implementing cancer prevention strategies (preventing cancer).

Besides these three core strategic areas, three other areas come to support research: increasing capacity, providing leadership and the administrative support to research. Increasing capacity cuts across and is integrated in the research activities of the areas above. Providing leadership and the administrative support to research are more about leadership and coordination of research.

It is important to note that IARC’s special status as the cancer agency of WHO enables a dual role:

1. **Generate data** from inter-disciplinary research, encompassing expertise in epidemiology, biostatistics, bioinformatics, and laboratory sciences.
2. **Evaluate data** through the conduct of independent expert review: Global Cancer Statistics, IARC Monographs, Handbooks of Cancer Prevention, WHO Classification of Tumours, IARC Working Group Reports.




SCIENTIFIC HIGHLIGHTS

Effective from 1<sup>st</sup> January, the figure presents the IARC Organizational Diagram. IARC research is conducted by 8 Sections, each of them contributing to the three main research areas.

## Global burden of cancer, 2018

- **GLOBOCAN 2018**
- **185 countries** of the world
- **36 cancer types** and all cancers combined, by age and sex
- **Global Cancer Observatory**

**<http://gco.iarc.fr>**



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SCIENTIFIC HIGHLIGHTS

The first area of IARC research is to **describe the occurrence of cancer**.

IARC's estimates of cancer incidence and mortality at the Global Cancer Observatory (GCO) (<http://gco.iarc.fr>) have been updated to 2018 and a new module compiling local estimates of cancer survival has been added to the website.

GLOBOCAN provides estimates of the incidence of, and the mortality and prevalence from cancer worldwide in 2018.

The figures for cancer incidence and mortality worldwide are provided in the Biennial report and related slides (see **Document GC/62/2**).

The complete description of GLOBOCAN 2018 in terms of the data sources and methods used in national estimation are available online at the Global Cancer Observatory (GCO, <http://gco.iarc.fr>).







Two peer-review publications, one describing the burden (Bray et al, CA Cancer J Clin 2018), the other focusing on the sources and methods (Ferlay et al, Int J Cancer 2019) were published in 2018 and 2019.

In the subsite *Cancer Today* of GCO, there are facilities for the tabulation and graphical visualisation of the GLOBOCAN database country, cancer type, age and sex.

*Cancer Tomorrow* uses current estimates alongside demographic projections to 2040 to predict the future burden worldwide.

Cancer is a preventable disease that requires major lifestyle changes

Up to 50% of all cancers can be prevented

 NUTRITION	 INEQUALITIES
 ENVIRONMENT	 EPIGENETICS
 INFECTIONS	 GENETICS

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SCIENTIFIC HIGHLIGHTS

We know now that up to 50% of all cancers can be prevented. Prevention and early detection remain the most effective strategies for achieving a significant impact on cancer, but research in these areas has often been neglected.

**The second area of IARC's research is to understand the causes of cancer.** The IARC research Sections involved in this area focus their research on the following factors: environment, radiation, nutrition, lifestyle, infections, genetics and epigenetics.

A new research area is under development at IARC and will represent a cross-cutting theme: **social inequalities in cancer.**

The major scientific achievements on the identification of risk factors for cancer development are presented in the Biennial Report 2018-2019 and their related slides (see **Document GC/62/2**).

## Preventing cancer - Evaluate data

Evaluation of more than 1000 environmental agents  
Identification of more than 400 carcinogenic to humans

**IARC MONOGRAPHS CLASSIFICATION OF NIGHT SHIFT WORK**

Night shift work is **PROBABLY CARCINOGENIC TO HUMANS (Group 2A)**. Limited evidence in humans. Sufficient evidence in experimental animals.

Night shift work includes both working at night and working in a job that involves regularly crossing many time zones.

**Specific types of workers**

- Nurses
- Factory workers
- Flight attendants
- Airline pilots

Higher percentages of night shift workers are seen in:

- Health care
- Manufacturing
- Road
- Transport

**IARC Monographs Vol. 125**

Some Industrial Chemical Intermediates and Solvents

Chemical name	Group
Glycidyl methacrylate	Group 2A
1-butyl glycidyl ether	Group 2B
1-bromo-2-naphthol	Group 2B
4-chloroaniline	Group 2B
Atazic acid	Group 3

The classification indicates the level of certainty that a substance causes cancer (hazard identification).

The third area of IARC research is implementation research: **evaluate interventions and their implementation.**

IARC conducts **expert evaluations of the available evidence** on the effectiveness of different cancer prevention interventions to inform the development of cancer prevention policy, through the **Monographs program.**


**More than 1000 environmental agents have been evaluated at IARC through the Monographs program and 400 have been identified so far as carcinogenic to humans.**

The data reviewed by IARC's Monographs evaluation meetings during the last biennium and published in the *Lancet Oncology* reached conclusion that **night shift work** is *Probably Carcinogenic to Humans* (Group 2A) (**Figure on the left panel**).

Another evaluation reached conclusion that a chemical used to produce some dental sealants and adhesives, glycidyl methacrylate, is *Probably Carcinogenic to Humans* (Group 2A) (**Figure on the right panel**).

**Preventing cancer - Implementation**


**Screening programs  
Cervical cancer  
(Latin America, Africa)**



The CESTA study on cervical cancer screening in Senegal – Site visit

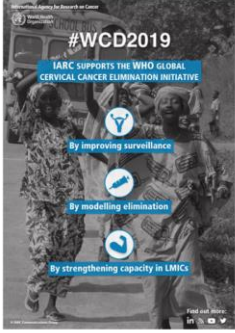
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**HPV Vaccination programs  
(Several LMICs)**



Assessing HPV vaccine in Rwanda

**#WCD2019**  
IARC SUPPORTS THE WHO GLOBAL CERVICAL CANCER ELIMINATION INITIATIVE



By improving surveillance  
By modelling elimination  
By strengthening capacity in LMICs

SCIENTIFIC HIGHLIGHTS

The Agency conducts a broad range of activities in the area of **implementation**, for example evaluating the effectiveness of primary and secondary prevention programs, such as **screening programs for cervical, breast, stomach, colorectal and oral cancer, and programs of HPV vaccination in prevention of cervical cancer.**

**Screening programs** (left panel of the slide): Implementation studies are on-going on screening of cervical cancer. IARC studies are underway to investigate cervical cancer screening techniques in **Latin America** (the ESTAMPA study), and in **Africa** (Picture, left, the CESTA study in Dakar – site visit). IARC continues to provide support to cervical cancer screening programs in Belarus, Mongolia, Myanmar, and Romania. In addition, IARC actively participates in the Cervical Cancer Elimination Initiative recently launched by the WHO, and coordinates the Working Group on research. Finally, IARC research has developed mathematical models to support the introduction of HPV DNA-based cervical cancer screening in both high-income countries and LMICs (Baussano et al, 2018).

The CANSCREEN5 recently launched website is a global repository on cancer screening programmes. It aims to uniformly collect, analyse, store, and disseminate information on the characteristics and performance of cancer screening in different countries. A web-based open access platform was launched to facilitate access to and interpretation of data from the screening programmes, and to enable the individual programmes to compare their performance over time. European data are now available on CancScre5 for breast, cervical and colorectal programmes.



**Vaccination programs:** IARC research demonstrated the durable immunogenicity and protection of one-dose HPV vaccination in a multicentre study in India (Sankaranarayanan et al, 2018). These IARC research findings supported recommendations of the WHO Strategic Advisory Group of Experts (SAGE) on Immunization that a single dose of HPV vaccine provides similar protection against persistent HPV 16/18 infection as the three- or two-dose vaccines. Another IARC study in Japan demonstrated that detection rates of cancer were lower in HPV-vaccinated women compared with non vaccinated women (Konno et al, 2018). A large randomized trial coordinated by IARC is ongoing in Latin America to estimate the efficacy of the vaccination schedules (the ESCUDDO study). IARC is engaged in assessing the impact of national HPV vaccination in several LMICs such as Armenia, Bhutan, Rwanda and Uganda (**Picture**, assessing HPV vaccine in Rwanda)..

## Preventing cancer - Implementation

**Putting the  
evaluation in  
context:  
the IARC/European  
Code Against Cancer**

The screenshot shows the website for the European Code Against Cancer, hosted by the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO). The main heading is "European Code Against Cancer" with the subtitle "12 WAYS TO REDUCE YOUR CANCER RISK". Below this, there are four columns of content: "WHAT IS CANCER?", "WHAT CAUSES CANCER?", "IS CANCER AVOIDABLE?", and "WHAT CAN WE DO?". To the right, there is a section titled "FIND OUT MORE ABOUT THE RECOMMENDATIONS:" which lists 12 categories: TOBACCO, SUNBAY EXPOSURE, SECOND-HAND SMOKE, POLLUTANTS, HEALTHY BODY WEIGHT, RADIATION, PHYSICAL ACTIVITY, BREASTFEEDING, DIET, HORMONAL THERAPY, ALCOHOL, and SCREENING. The URL <http://cancer-code-europe.iarc.fr> is displayed at the bottom of the screenshot.

SCIENTIFIC HIGHLIGHTS

Scientific evidence on primary and secondary prevention of cancer has been compiled and translated into a set of public health recommendations in the '**European Code against Cancer**' (see figure), summarising of what the individuals can do themselves to reduce their risk of cancer.

These recommendations have also been used as a guide by countries to design their National Cancer Plans.

Using the IARC's framework and methodology, the Code could be adapted to other regions of the world.

## IARC Publications 2018-2019

The total number of articles and the proportion of peer-reviewed papers were quite similar to recent years

Year	Peer-reviewed articles	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2011	242 (71%)	18	48	33	341
2012	249 (76%)	15	29	33	326
2013	287 (84%)	6	35	13	341
2014	299 (84%)	12	30	16	357
2015	300 (88%)	11	17	14	342
2016	290 (85%)	9	28	14	341
2017	291 (83%)	12	25	24	352
2018	284 (81%)	11	37	19	351
<b>2019</b>	<b>292 (79%)</b>	<b>15</b>	<b>43</b>	<b>21</b>	<b>371</b>

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In 2019, IARC scientists published a total of **371 articles in nearly 170 journals**, of which 292 (79%) were peer-reviewed papers. The total number of articles and the proportion of peer-reviewed papers were quite similar to recent years (see **Table**).

**Top 20% of Journals in 2019**

**52%** of articles published by IARC scientists in 2019 appeared in the top 20% of articles

Web of Science Categories	No. journals in SC	No. IARC publ. in SC (368 total)	No. IARC publ. in top 20%	% in top 20%
ONCOLOGY	229	133	54	41%
PUBLIC ENVIRONMENTAL OCCUPATIONAL HEALTH	186	93	57	61%
NUTRITION DIETETICS	86	30	18	60%
MEDICINE GENERAL INTERNAL	159	24	17	71%
MULTIDISCIPLINARY SCIENCES	69	19	8	42%

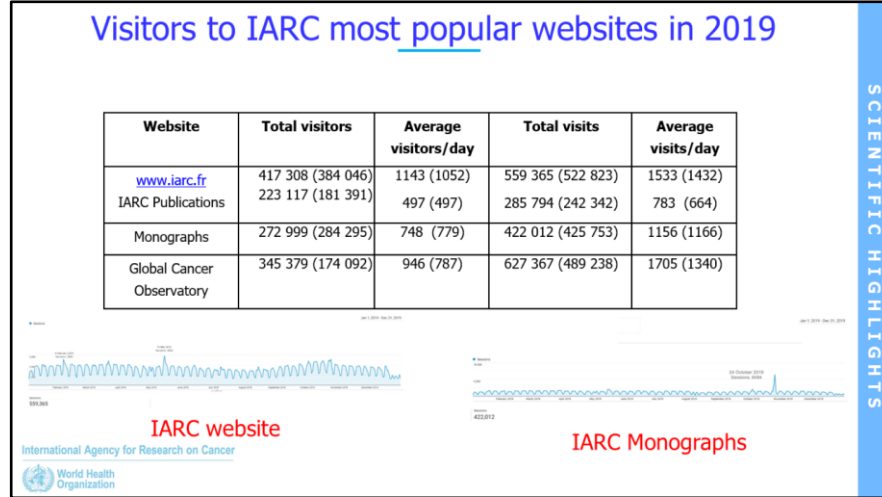
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SCIENTIFIC HIGHLIGHTS

Overall, **52%** of articles published by IARC scientists in 2019 appeared in the top 20% of articles in their subject categories, according to the classification in the Clarivate Analytics’ Web of Science and Journal Citation Reports databases (see **Table**). This is in line with the results of previous years (54% in 2018<sup>1</sup>, 57% in 2017<sup>1</sup>, and 54% in 2016). *Only the top 5 subject categories for IARC papers published in 2019 are shown in this Table.*

*<sup>1</sup>Two errors in the previous Director’s Report (GC/61/2 para.37) have been corrected here. The percentage figures for the ONCOLOGY subject category were incorrectly reported as the overall figures for 2018 and 2017.*

The top five subject categories remained the same as in previous years, with “**Oncology**” and “**Public, Environmental, Occupational Health**” accounting for a large majority of the published papers.

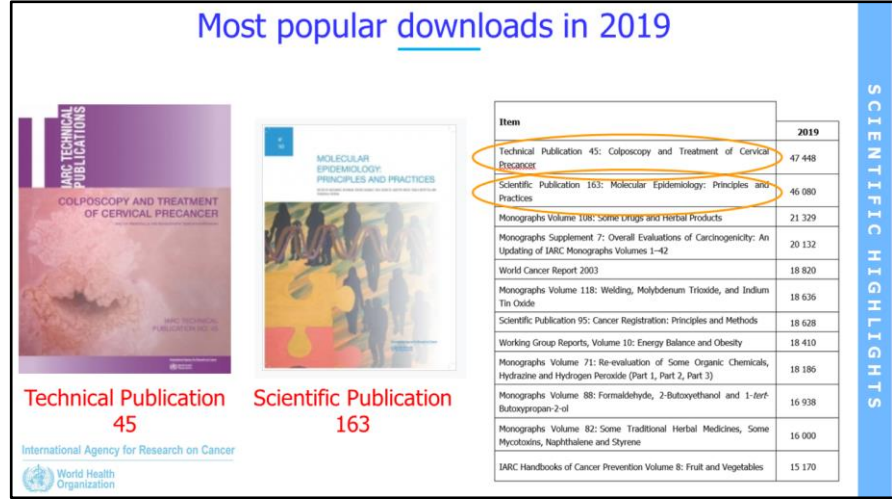


The figures for the number of visitors to the most popular IARC websites in 2019 are reported in this **Table (in brackets corresponding figures in 2018)**.

The total number of visitors **increased for the main IARC homepage, the IARC Publications page and for the Global Cancer Observatory (GCO) websites. The IARC Monographs programmes pages remained high and stable.**

**Figure on the left** panel reports the number of visits to the **IARC website in 2019**. The peak of 2595 visits (4 February 2019) is on World Cancer Day 2019, the day of the launch of Press Release 264 ([https://www.iarc.fr/wp-content/uploads/2019/02/pr264\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/02/pr264_E.pdf)). The peak of 2939 visits (15 May 2019) is on the day of the launch of Press Release 270 ([https://www.iarc.fr/wp-content/uploads/2019/05/pr270\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2019/05/pr270_E.pdf)).

**Figure on the right** panel reports the number of visits to the **Monographs website in 2019**. The reason for peak of 6484 visits (24 October 2019) is unknown.



The most popular downloads from the Agency’s websites are presented in this **Table**.


Because of a change in methodology with the centralization of all IARC publications under the IARC Publications database, we are not presenting the data for 2018, which were compiled using a different methodology and different sources of reference, so the resulting statistics are not comparable. Because of a change in technology (to WordPress), we are unable to report on the number of downloads related to the IARC Media Centre (press releases) and Monographs (list of classifications) for 2019.

**40% of the top downloads relate to the Monographs evaluations**, reflecting the continuing high level of interest in this programme. **Technical Publication 45 (*Colposcopy and treatment of Cervical Pre-cancer*) and Scientific Publication 163 (*Molecular Epidemiology: Principles and Practices*) were among the most downloaded items across the Agency’s websites.**

## Capacity building

- **Early Career and Visiting Scientists (ECVS)**  
**191 ECVS** benefited from the IARC Research Training and Fellowship Programme in 2019 (*93 new ECVS in 2019 and 98 extensions of 2018 contracts*)
- **7 Post-doctoral Fellowships from LMICs**  
 6 funded from the Regular Budget, 1 from the Terry Fox Foundation
- **3 Return Grants awarded to 3 Fellows**  
 to help initiate a research project in their home country
- **1 Senior Visiting Scientist Award to Dr Rashmi Sinha,**  
 from Division of Cancer Epidemiology & Genetics, NCI, USA

International Agency for Research on Cancer


Education and Training has been a priority since the establishment of the Agency. It is an activity that cuts across and is deeply integrated in the various research programmes. IARC is coordinating an active programme of training courses on most of the areas of activity of the Agency Groups.

A total of **191 ECVS** benefited from the IARC Research Training and Fellowship Programme in 2019, with 93 new ECVS who arrived at IARC in 2019 and 98 extensions of contracts of ECVS who were already at IARC in 2018.


The Agency awarded **six new IARC Postdoctoral Fellowships** to researchers **from six LMICs in 2019**, funded on the regular budget. In view of IARC budgetary constraints and in order to maintain an effective programme while pursuing alternative funding, the Agency restricted the award of IARC Fellowships to candidates from LMICs. **One additional Postdoctoral Fellowship** from a LMIC could be awarded in 2019, thanks to the financial support of the Terry Fox Foundation.


Return Grants (value €10 000 each) were also awarded to three Fellows (with nationalities/countries of origin of Bangladesh, Lebanon and Malaysia) to help initiate a research project upon their return in their home country.

In 2019, the Agency granted one Senior Visiting Scientist Award to Dr Rashmi Sinha, from the Division of Cancer Epidemiology & Genetics, National Cancer Institute, United States of America.

**IARC Courses**

Year	No. courses organized	No. different countries where courses held	No. courses in LMICs	No. participants
2012	9	4	3	312
2013	12	7	6	425
2014	17	14	12	576
2015	24	14	11	647
2016	36	23	19	1410
2017	32	16	15	1324
2018	26	14	11	763
2019	28	18	15	1083

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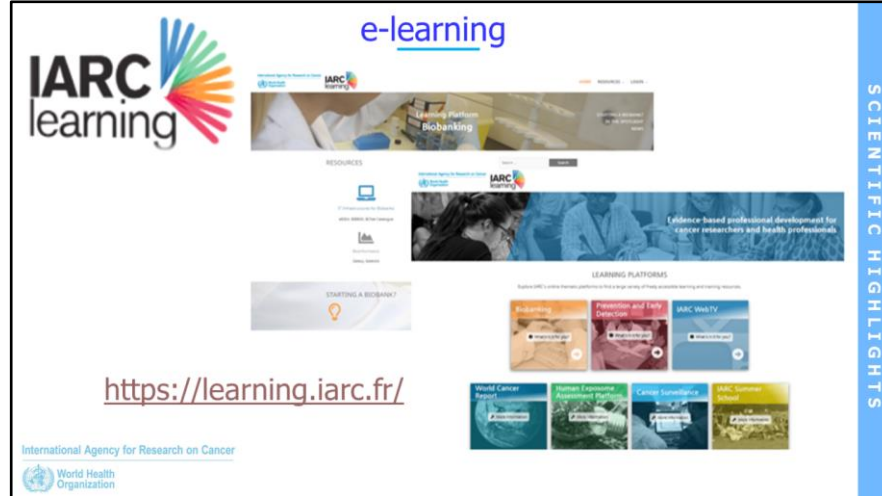
The IARC Courses Programme enhances research capacity of the global research community, in particular in LMICs, through lifelong learning opportunities in the areas of the Agency's expertise.

In 2019, as shown in the **Table**, the Agency organised **28 courses in 18 different countries, the vast majority being LMICs (15/18)**. These targeted over a thousand researchers and public health officers, demonstrating IARC's commitment to training despite the constraints on available resources.

The large amount of courses targeted on cancer registration and cervical cancer early detection. In the area of research infrastructure and methods, and besides biobanking and epidemiology courses, new opportunities were offered in the area of metabolomics.

The Summer School allowed the training of around 60 cancer researchers and health professionals from over 20 countries, in vast majority from LMICs. The cancer registry Module in 2019 was organized as a Global Initiative for Cancer Registration (GICR) train-the-trainer master class on "Data Analyses and Presentation of Cancer Registry Report". This one-week module ran in parallel of the Module "Implementing Cancer Prevention and Early Detection" launched in 2017.





On the basis of lessons learned from the launch and implementation of the **Biobank Learning platform** developed to host and disseminate resources produced in the framework of the EU-funded Bridging Biobanking and Biomedical Research across Europe and Africa (B3Africa) project, a new infrastructure was built and the - **IARC Learning portal** (<https://learning.iarc.fr/>) was launched in the last quarter of 2019, featuring two thematic platforms ready for registration:

- IARC Learning/Biobanking, with more than 80 self-learning resources for biobank-based research professionals
- IARC Learning/Cancer Prevention and Early Detection, with a variety of resources for researchers and health professionals in cancer prevention and early detection.
- Four thematic platforms are under development: World Cancer Report, Human Exposome Assessment Platform, Cancer Surveillance, and the IARC Summer School.

Close to one third of courses organised by IARC in 2019 **were fully or partly run online** (i.e. webinar series, online course or blended approach). The number of online learning and training resources, as well as courses integrating eLearning in their design will further increase in the future.

## Thematic cooperation with WHO

- **Support to WHO on NCD guidelines/tools**
  - IARC World Cancer Report 2019
  - IARC/WHO Scientific Publication "Reducing Social inequalities in Cancer", No. 168, 2019
  - Cancer in Sub-Saharan Africa, 2019
  - WHO Classification of Tumours, 5<sup>th</sup> Edition, vol. 1 and 2, 2019
  - IARC Working Group on research on cervical cancer screening
- **Participation in high-level meetings on NCDs**
  - 69<sup>th</sup> WHO Regional Office for Europe
  - 66<sup>th</sup> WHO Regional Office for the Eastern Mediterranean
- **Joint NCD projects**
  - Cervical cancer
  - Childhood cancer



COOPERATION

International Agency for Research on Cancer



IARC has a broad range of collaborations with WHO, in responding to the "Global Action Plan for the prevention and control of non-communicable diseases 2013-2020" (GPW13).

The slide reports main recent areas of collaboration between IARC and WHO. It is not a detailed description of the individual projects, rather an illustration of **the nature of collaborations**. IARC and WHO collaborations are articulated among 3 types of areas: i) strategic areas where IARC can contribute the scientific evidence base to support development of reports, meetings, guidelines, recommendations and policy by WHO; ii) participation as experts on common-interest high-level meetings, panels, Working Groups; iii) joint research projects conducted by IARC and WHO staff.

IARC will further strengthen collaboration with WHO, in particular with the newly created Science Division, with clear linkages between IARC's research expertise on cancer prevention and WHO's normative work.

Specifically, IARC research will provide high-quality evidence-based knowledge to address cancer control among NCDs, with interventions geared towards the Sustainable Development Goal (SDG) 3 targets (Good Health and well-being) in the Thirteen General Programme of Work (GPW13).

IARC interventions in different countries worldwide, namely HPV vaccination for girls, cervical cancer screening and treatment of cervical precancerous lesions, support the WHO Global Cervical Cancer Elimination Initiative.

IARC research is fully aligned with the WHO Global Initiative for Childhood cancer and support the development of national childhood cancer registration to improve the availability of cancer data globally.

## IARC & WHO Reports on Cancer

Press Conference  
Palais des Nations-Unies  
Geneva, 29 January 2020

**World Cancer Report webpage**  
<http://publications.iarc.fr/586>

**Published on 4 February 2020**

International Agency for Research on Cancer  
World Health Organization

IARC Report

WHO Report

COOPERATION

The IARC World Cancer Report and the “WHO Report on cancer: setting priorities, investing wisely and providing care for all” were launched in Geneva at a joint Press Conference.

The WHO Report on cancer is complementary to the IARC World Cancer Report. IARC’s report is on science, and WHO’s report is on translating evidence into policies. The link to download the IARC World Cancer Report is indicated in the slide.

## WHO Academy and the Global Health Hub in Lyon



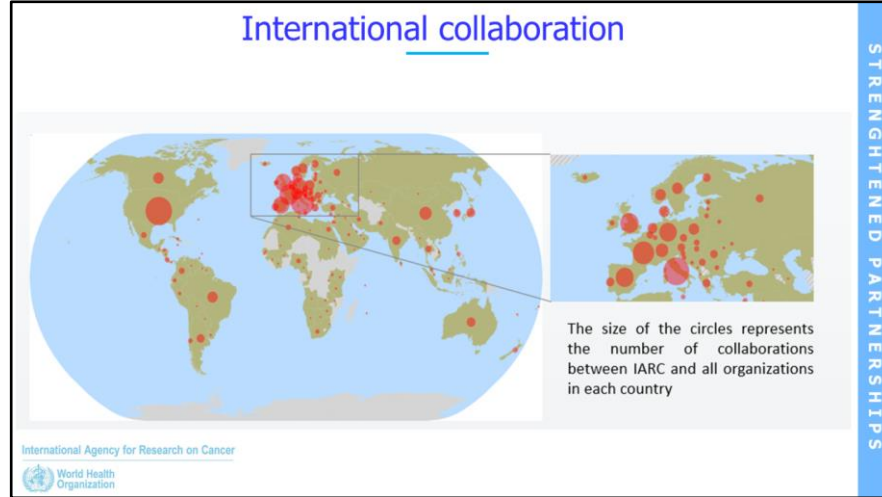
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WHO Headquarters, Geneva, 11 May 2019

COOPERATION

Emmanuel Macron, President of the French Republic and Dr Tedros Adhanom Ghebreyesus, WHO Director-General met at WHO Headquarters in Geneva on 11 May 2019.

The Declaration of Intent to establish the WHO Academy in Lyon was signed by the French President Emmanuel Macron and WHO DG on 11 May 2019. It aims to train both WHO staff and health professionals worldwide. IARC contributed to the planning of the Academy through participation in several work streams and to relevant activities of the WHO Academy. The WHO Academy, IARC, and the WHO Office in Lyon will form three respective pillars of the new Global Health Hub to be established in the Gerland bio-district of Lyon.



The Agency does not work alone: true to its statute, it serves to promote international collaboration in cancer research.

This slide presents the Map of IARC's research collaborations based on research consortia.

At the heart of the IARC research is the outstanding network of collaborators across 141 countries in the world, including 101 low- and middle-income countries across 3 continents in the world. This outstanding network is well above any comparable research organization. It thereby contributes to considerable capacity building in the countries involved.

## Cancer Prevention Europe (CPE)



CPE was created as a consortium of 10 leading European research institutions with a focus on prevention coordinated by IARC



The "core" group of CPE Members committing financial support to the IARC Secretariat includes:

























STRENGTHENED PARTNERSHIPS

A further example of a strategic research partnership established by the Agency is the successful coordination (IARC chairing the network and hosting its Secretariat) of the **Cancer Prevention Europe (CPE) initiative**, a consortium of organizations (as indicated in the slide) across the whole of Europe dedicated to prevention research in Europe.

In brief, a number of objectives have emerged from this first phase in the development of the Cancer Prevention Europe initiative:

- To provide an infrastructure for coordinated cancer prevention research at the European level which is sustainable and open to expansion with new members over time;
- To communicate and disseminate to policymakers the opportunities and benefits of available preventive interventions;
- To formulate the scope of prevention research and to advocate for increased investment in this area;
- To drive innovative interdisciplinary research, including the opportunities afforded by advances in understanding cancer aetiology;
- To bridge the identification of risk factors through to the development and implementation of preventive interventions;
- To enable the translation of research on preventive interventions into effective cancer policy;
- To provide a platform for advocacy for cancer prevention among a wide set of stakeholder engagement, including citizens and patients.

The IARC hosted the annual meeting of the Cancer Prevention Europe (CPE) Steering Committee on 15 November 2019. The main topics discussed included the creation of a Knowledge Hub on Cancer Prevention in Europe and a self-training tool on the European Code Against Cancer.



A network of major European cancer research organizations [Cancer Core Europe (CCE), Organisation of European Cancer Institutes (OECI), European Cancer Patient Coalition, European Academy of Cancer Sciences (EACS), European Organisation for Research and Treatment of Cancer (EORTC), Paediatric Oncology and **Cancer Prevention Europe** (CPE)] was convened at IARC in April 2019 for the first EU Cancer Mission Meeting. The objective of this first meeting was to discuss plans to define the "EU Cancer Mission" in Horizon Europe (2021-27) that aims at tackling the growing cancer burden in Europe.

Representatives of these important European cancer organizations met for a second meeting at the German Cancer Research Center (DKFZ) to strategically coordinate the next "EU Cancer Mission" funded in the next EU Framework Program Horizon Europe (2021-27).



Hungary joins the IARC



16 May 2019, IARC, Lyon

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World Health Organization

STRATEGIC ENGAGEMENT

IARC was pleased to welcome Hungary as a new Participating State on 16 May 2019.



The IARC hosted the annual meetings of the two largest worldwide consortia on the **aetiology of childhood cancer (I4C)** and **childhood leukaemia (CLIC)** on 18-20 November 2019.

IARC launched **a new website** to host the working documents of the CLIC consortium: <https://clic.iarc.fr>

## 50 Years of the Singapore Cancer Registry



International Agency for Research on Cancer  
World Health Organization

Ministry of Health, Singapore, 25 November 2019

STRATEGIC ENGAGEMENT

To celebrate the 50th anniversary of the Singapore Cancer Registry, a commemorative monograph has been published dedicated to the founder of the registry, the late Emeritus Professor Kanagaratnam Shanmugaratnam, Singapore's "Father of Pathology". IARC Director Dr Elisabete Weiderpass attended the event to commemorate 50 years of the registry, held at the Singapore Ministry of Health on 25 November 2019.

**Registration of Childhood Cancer:  
Challenges and Opportunities**

**Objectives**

- Review the registration standards and needs
- Explore use and usefulness of cancer registry data
- Identify socio-political requirements for efficient registration of childhood cancer

**Expected output**

- Efficient population-based childhood cancer registration
- Improved availability and quality of population-based data
- Capacity-building for monitoring and evaluating progress towards **the increase of survival to 60%**, the aim of the **WHO Global Initiative for Childhood Cancer**

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STRATEGIC ENGAGEMENT

On 16 October 2019, IARC hosted 90 participants from 35 countries to a **dedicated workshop on registration of childhood cancer supported by the WHO Global Initiative for Childhood Cancer**. This workshop combined expertise in cancer registration, epidemiology, and clinical practice. The output of the workshop will be developed into policy recommendations, in collaboration with WHO.

## Implementation of Data Protection and Data Security policies (in the context of the GDPR)

- IARC has continued to further strengthen its data protection and data security measures
- A consulting company engaged in 2019 to support the development of the WHO/IARC Data Protection Policy
- A dialogue is ongoing between the UN Secretariat and the EU headquarters to obtain a framework agreement, which may include an amended 'standard contractual clause' to cover the transfer of scientific data
- IARC to play an important role through training and capacity building to assist Participating States who do not have adequate data security
- The IARC Ethics Committee has revised the data protection clauses of its standardized Informed Consent Template

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IARC has continued to further strengthen its data protection and data security measures over the last year, as summarized below:

IARC, as part of WHO and the UN System, and as per the Convention on the Privileges and Immunities of the Specialized Agencies of the UN, is not subject to EU law and regulations, including the EU's General Data Protection Regulation (GDPR).

IARC continues to seek a sustainable solution while adhering to the UN personal data protection and privacy principles adopted by the UN High-Level Committee on Management in 2018.

IARC has extensive experience in handling very large datasets, and continually strives to improve data protection and security measures. A Committee for Information Security was established and an Information Security Officer was appointed in 2018.

Furthermore, a consulting company engaged in 2019 supported the development of the WHO/IARC Data Protection Policy.

A dialogue is ongoing between the UN Secretariat and the EU headquarters in Brussels to obtain a framework agreement, which may include an amended 'standard contractual clause' to cover the transfer of scientific data.

European scientists have been advocating with the European Commission (DG Just) to provide a workable solution for European scientists to continue conducting research (involving the exchange of data) with International Organizations and non-EU countries.

Finally, IARC will try to play an important role to assist Participating States who do not have adequate data security to improve their ethical handling and safeguards of their data through training and capacity building.

The IARC Ethics Committee (IEC) is committed to evaluate the data protection by design and by default, in all IARC studies collecting personal data. To this end, the IEC has revised the data protection clauses of its standardized Informed Consent Template.



Recognizing the constraints on the current funding sources for the Agency, the Secretariat has initiated the following specific changes to accelerate the resource mobilization:

- The Resource Mobilization and Strategic Partnerships sites on the IARC intranet have been further enhanced to provide access to:
- Funder Intelligence Pages, mapping the global cancer research funding landscape;
  - Funding Opportunities Pages, providing a list of funding opportunities (more than 100 funders permanently screened and 251 funding opportunities posted in 2019);
  - Funder News Pages, listing important news items on general funding trends and developments of important programmes, such as Horizon Europe and others;
  - IARC Register for due diligence and risk assessment on non-state actors (NSAs), which stores due diligence on all partners that IARC engages with.
- An external Newsletter has been established to ensure regular engagement with strategic partners (four editions were sent in 2019, to 746 subscribers).
  - The Donations page has been given more visibility on the IARC Internet site.

- IARC submitted an application to be officially listed on the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) list of international organizations eligible to receive ODA. The listing of the Agency as a recipient of ODA was approved in principle in August 2019 and the process of determining the coefficient to be applied is ongoing.
- The Agency has engaged with a wide range of novel funders, with the aim of fostering lasting partnerships that should enable the income stream from external sources to be increased. The Terry Fox foundation for instance has approved in 2019 a direct funding for a two-year postdoctoral fellowship for a Brazilian researcher to be trained at IARC. Discussions are ongoing with the St. Baldrick's Foundation, the Mary Kay Foundation and the charity Children with Cancer UK.

**The aim is to broaden and diversify IARC's funder base**, particularly for direct contributions from non-traditional sources, to enable the Agency to continue to fulfil its mission, while ensuring independence and freedom from conflict of interest through compliance with the WHO's Framework of Engagement with Non-state Actors (FENSA) (see also [Document GC/60/17](#)).

Based on the Resource Mobilization strategy and action plans, the IARC Secretariat worked on financial projections for the decade 2020–2029. **The operational plans for the resource mobilization strategy are presented in [Document GC/62/19](#),**




**Voluntary contributions**  
**Grants and contracts**

Year	Number of applications	Number of signed contracts	Total value of signed contracts <sup>a</sup> (in Euros)	Value attributed to IARC (in Euros)	Voluntary contribution expenditure <sup>b</sup> (in Euros)
2015	174	76	26 287 966	16 717 320	10 548 429
2016	183	65	28 309 483	10 244 705	11 413 516
2017	193	65	38 931 975	11 855 145	11 357 348
2018	204	68	20 987 750	9 183 834	13 362 692
2019	236	81	41 488 350	12 408 032	14 365 018

<sup>a</sup> The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.

<sup>b</sup> Voluntary contribution expenditure as reported in the IARC Financial Report and Financial Statements, which includes amount passed through to partners for IARC coordinated projects.

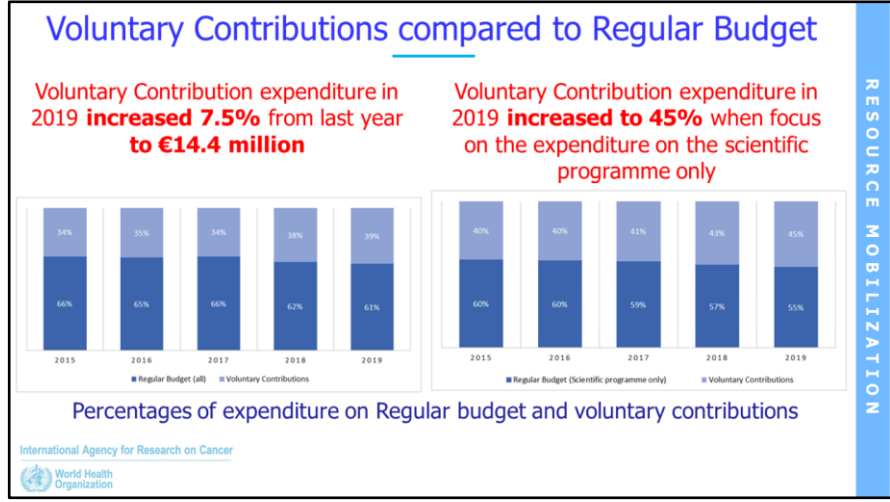
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RESOURCE MOBILIZATION

The number of new grant applications and funding requests submitted in 2019 reached a total of **236** (see **Table**) confirming the trend over previous years **of a steady increase**. This reflects the commitment of Agency scientists to secure sufficient extrabudgetary funds to conduct the research defined within the MTS.

The Agency signed extrabudgetary contracts amounting to a total value of **€41.5 million in 2019**; of which €12.4 million was attributed to IARC.

Overall the figures on extrabudgetary contracts represent **a notable achievement** given the increasingly competitive nature of research funding and the restrictions faced by the Agency in terms of eligibility for funding sources.



Voluntary Contribution expenditure in 2019 **increased 7.5%** from last year, **to €14.4 million**. This represented approximately 39% of the overall combined expenditure from Regular Budget and Voluntary Contributions. This proportion **increased to 45%** when focus on the expenditure on the scientific programme only as shown in this **Figure**.

**IARC engagement under FENSA**

- WHO and IARC are aligned to use two levels of due diligence and risk assessment by distinguishing between a standard and a low-risk simplified procedure
- IARC applied the low-risk simplified procedure for **186 non-State actors** (NSAs) by conducting an **internal due diligence evaluation and a risk assessment**
- The IARC RMO Office conducted a **preliminary due diligence and risk assessment on 167 NSAs**, i.e. potential donors and project partners **related to resources**
- The low-risk simplified procedure was applied for 19 NSAs under other types of engagement
- The risks are balanced against the expected benefits for IARC, taking into account the foreseeability of the risk

**FENSA is expected to result in increased transparency and accountability of NSAs; in open access to information on potential donors, experts and potential partners; and in an enhanced oversight role of WHO Member States and IARC Participating States**

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RESOURCE MOBILIZATION



During its 60<sup>th</sup> session in May 2018, the GC reviewed the “Recommendations from the Governing Council Working Group on implementation of FENSA” ([Document GC/60/17](#)) and noted the “IARC-Specific Guide on Engagement with Non-State Actors” prepared by the Governing Council Working Group. In the same Resolution [GC/60/R17](#), **the Governing Council requested the Secretariat to report to the Governing Council each year on IARC engagement under FENSA** as described in the guide, as part of the Director’s Report.


Progress in the implementation of the FENSA at IARC are summarized here and are detailed in the Director’s report (see [Document GC/62/3](#)).

## Enhancing Communication

- Internal meetings and regular reporting to the Senior Leadership Team
- Monthly Director's news
- Annual **Services Surveys** (available on the IARC Intranet)
- The COM Group Head as a focal point for **communication between IARC and WHO/HQ**
- **One central portal** for IARC Publications website and access to *Monographs*
- **Increased media visibility**, including social media
- Increased number of **videos** and **infographics** promoted through IARC's social media (Twitter, YouTube) platforms
- More press releases
- More than 5000 international media contacts
- Regular press conferences, often in partnership with WHO

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MANAGEMENT

Effective communication of change is vital to successful implementation. This is achieved through ad hoc internal meetings and regular reporting to the Senior Leadership Team and, more broadly, to the whole of the Agency's personnel through the monthly Director's News. In an effort to capture feedback and suggestions for improvements, SSR carries out annual Services Surveys. The analyses of the results from these surveys and planned actions are published on the IARC intranet.

IARC regularly raises awareness of its work and activities among all stakeholders, including the scientific community, relevant actors in cancer research and public health as well as among the public and the media.

Updates about its publications and activities are disseminated widely through a variety of channels including its websites, RSS, newsletters, and social media platforms (twitter and Youtube channels). IARC disseminates information about its activities to a network of partners and publishes an average of 120 news items on its main website as well as 340 tweets and a dozen of press releases a year.

Over the years, the visibility of IARC has increased in specialized and mainstream international media and IARC has a database of more than 5000 international media contacts. The agency also organizes regular press conferences to publicize key publications or scientific results, often in partnership of the WHO in Geneva.

For example IARC has held several major press conferences to announce the latest global cancer data (Global Cancer Observatory) or to launch key reports such as the World Cancer Report. Regular press releases and press conferences have increased the visibility of the Agency as the WHO Cancer research Agency and a leading international player in the field of cancer research.

**Update on the development of the Medium-Term Strategy (MTS) 2021-25**

- **Evaluation** of IARC activities conducted by an ad hoc Advisory Group composed of an **equal number of** Scientific Council (SC) and Governing Council (GC) members
- The SC reviewed the Evaluation Report, and **generally agreed** with the recommendations
- IARC is currently developing a **detailed Action Plan** to address these recommendations, to be adjusted in light of comments and feedback from SC/56 and GC/62
- Extension of the current MTS and **preparation of the next MTS (2021-2025) integrating the evaluation** to be presented in 2021

Item developed in [Documents GC/62/9 and GC/62/20](#)

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MANAGEMENT


The Director's report summarizes the evaluation of IARC activities conducted by an ad hoc Advisory Group and the development of the next Medium-Term Strategy (MTS) 2021-2025 to be presented to the Governing Council in 2021.

The **Documents GC/62/9 and GC/62/20** provide a more detailed update on the evaluation report of IARC activities and on the development of the next MTS.

## Quality of Work Life (QWL)

QWL work plan aims to harmonize various initiatives to **ensure and promote** the following (interrelated) elements of **quality of work life** at IARC:

- Work in a **respectful and harmonious environment** and prevent **escalation of conflicts**
- Support personnel in achieving their **career growth** and development plans
- Promote **work-life balance** and **well-being** of all personnel
- Support supervisors in team and **performance management**



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The Quality of Work Life (QWL) work plan has been launched at IARC, in close collaboration with various IARC stakeholders (Respectful Workplace Working Group, Staff Association, Early Career Scientist Association, volunteers, etc.) and external partners (WHO, external psychosocial risks expert).

QWL work plan aims to harmonize various initiatives to ensure and promote the following (interrelated) elements of quality of work life at IARC: i) Work in a respectful and harmonious environment and prevent escalation of conflicts; ii) Support personnel in achieving their career growth and development plans; iii) Promote work-life balance and well-being of all personnel; and iv) Support supervisors in team and performance management.

## IARC Equity and Diversity

 Team Site

The IARC Equity and Diversity Advisory Group (EDAG) (formerly Women in Science Advisory Group) is working to improve equity and diversity at IARC, by:

- Treating all IARC personnel **fairly**;
- Enabling all IARC personnel to **develop to their full potential**;
- Creating an **inclusive culture**;
- Ensuring **equal access to opportunities** for learning and career development;
- Ensuring IARC/WHO policies, procedures and processes **do not result in discrimination**;
- Equipping personnel to **recognize and challenge inequality and discrimination in the workplace**.

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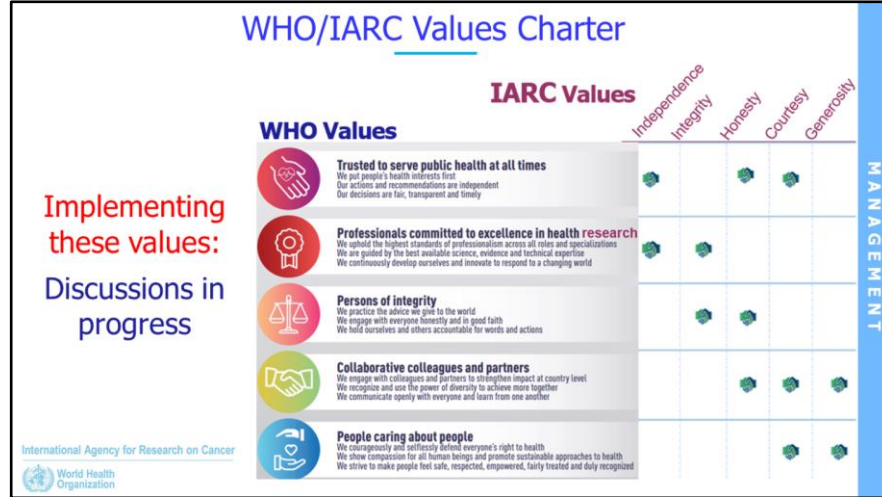
MANAGEMENT

Equity and diversity are essential to the success of the Agency.

The IARC Equity and Diversity Advisory Group (EDAG) (formerly Women in Science Advisory Group) is working to improve equity and diversity at IARC, by:

- Treating all IARC personnel fairly;
- Enabling all IARC personnel to develop to their full potential;
- Creating an inclusive culture;
- Ensuring equal access to opportunities for learning and career development;
- Ensuring IARC/WHO policies, procedures and processes do not result in discrimination;
- Equipping personnel to recognize and challenge inequality and discrimination in the workplace.





Within the first objective of the Quality of Work Life (QWL) plan and as part of WHO, IARC has adopted the five values of the WHO Values Charter which are consistent with the IARC core values of independence, integrity, honesty, courtesy and generosity. Special activities have been conducted within the framework of Respectful Workplace initiative to discuss how to implement and live by the WHO/IARC Values Charter.

Personnel					
Category	Fixed-term staff <b>94.82% from PS*</b>	Professional staff	General Services staff	Temporary staff	Staff positions on the RB*
2019	232	109 (45.0%) 51 men;58 women	123 (55%) 26 men;97 women	9	158.2
31 March 2020	232	103 (44.4%) 50 men;53 women	129 (55.6%) 35 men;94 women	8	154.2
	Unchanged	Decrease	Increase	Decrease	Decrease

\*PS: Participating States; RB: Regular Budget

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[http://iacr.fr/en/research-groups/org\\_chart.pdf](http://iacr.fr/en/research-groups/org_chart.pdf)

MANAGEMENT

The Table reports the IARC staff in different categories (Professional, General services) at the date of 31 March 2020, and compares to 2019.

Of the 232 fixed-term staff, unchanged compared to 2019, 103 (44.40%) are Professional staff, **a decrease of six** (50 men; 53 women) and 129 (55.60 %) are General Service Staff, **an increase of six** (35 men; 94 women); in addition, there are eight temporary staff members, **a decrease of one**. Of the 103 Professional staff, 13 (unchanged) are in the support services. This compares to 2019, 232 fixed-term staff, 109 (45%) were Professional staff (51 men; 58 women), and 123 (55%) were General Services (26 men; 97 women); in addition, there were nine temporary staff members.

The number of staff positions on the regular budget has **decreased**, with a total of 154.2 approved staff posts in 2020–2021 funded through the assessed contributions of Participating States, compared with 158.2 posts in 2018–2019.

The Agency has slightly more women than men in Professional staff positions (51.45% as of 31 March 2020). At the senior level (P4 and P5 and above), the proportion is significantly lower (42% P4, 17% P5 and above).

Of the staff on fixed-term contracts, **94.82% are from Participating states** (220 out of 232).

The current organizational chart can be found at: [http://iacr.fr/en/research-groups/org\\_chart.pdf](http://iacr.fr/en/research-groups/org_chart.pdf).

## Update on the Nouveau Centre

- During 2019, the focus was on the **discussions, negotiations and validation** of the detailed design studies of the future building
- The **design studies have been validated** and the building works were planned to start in 2020 (*delayed due to the covid-19*)
- The building's expected delivery is in **Summer 2022**



MANAGEMENT

During 2019, the focus was on the discussions, negotiations and validation of the detailed design studies of the future building. IARC Nouveau Centre project team, including more than 20 staff members, was deeply involved in all the discussions and validation of the project, in order to make sure the final design would be compliant with IARC's requirements.

Thanks to the efforts of the Métropole de Lyon, project leader, the final design was approved at the end of October 2019, and the building works phase was launched right after.

The opening of the Nouveau Centre is planned for summer 2022.

## Summary

### Cancer Research that matters

- IARC **high-quality, independent research on cancer** producing the **evidence base** to governments, WHO..
- IARC producing the **most authoritative reference materials on cancer** (Monographs, Handbooks of cancer prevention, WHO classification of tumours, Global cancer statistics)
- IARC coordinating **international research collaborations**, with a focus on **low- and middle-income countries** (*growing cancer burden*)
- IARC expertise evaluating the **effectiveness of specific interventions** at the population level (implementation research)
- IARC building **capacity for research by training researchers from low- and middle-income countries**

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**THANK YOU**