International Agency for Research on Cancer

World Health Organization

Governing Council
Sixty-first Session

GC/61/Min.1
Original: ENGLISH

Lyon, 16–17 May 2019
Auditorium

MINUTES OF THE FIRST MEETING

IARC, Lyon

Thursday, 16 May 2019, at 09:00

Chairperson: Professor Mads Melbye (Denmark)

Secretary: Dr Elisabete Weiderpass, Director, IARC

CONTENTS

Participating State Representatives

Professor Mads MELBYE, *Chairperson*	Denmark
Dr Stephen M. ROBBINS, *Vice-Chairperson*	Canada
Ms Kate TROTTER	
Professor Brendan MURPHY, *Rapporteur*	Australia
Ms Elisabeth TISCHELMAYER	Austria
Mr Lieven DE RAEDT	Belgium
Dr Ana Cristina PINHO MENDES PEREIRA	Brazil
Dr Markku TERVAHAUTA	Finland
Ms Tuula HELANDER	
Professor Norbert IFRAH	France
Dr Jocelyne BÉRILLE	
Mr Thomas DUBOIS	
Ms Barbara LÜBBEN	Germany
Dr Orsolya PACSAY-TOMASSICH	Hungary
Professor Péter NAGY	
Dr Zoltán MÁTRAI	
Dr Nilambuj SHARAN	India
Professor Reza MALEKZADEH	Iran (Islamic Republic of)
Mr Keith COMISKEY	Ireland
Professor Silvio BRUSAFERRO	Italy
Dr Mauro BIFFONI	
Dr Hiroyuki HORI	Japan
Dr Hitoshi NAKAGAMA	
Mrs Kay OHARA	
Dr Latifa BELAKHEL	Morocco
Mr Henk SOORSMA	Netherlands
Mr Jeroen HULLEMAN	
Professor Pål Richard ROMUNDSTAD	Norway
Dr Al-Hareth M. AL-KHATER	Qatar
Dr Tae Ho YOON	Republic of Korea
Mrs Jee Young KIM	
Mr Bong Geun YUN	
Dr Jae Kwan JUN	
Dr Igor KOROBKO	Russian Federation
Dr Sergey IVANOV	
Dr Alexey NOVOZHILOV	
Dr Rafael DE ANDRÉS MEDINA	Spain

Dr Sandra KLEINAU Dr Karin SCHMEKEL	Sweden
Dr Diane STEBER-BÜCHLI	Switzerland
No Representative	Turkey
Dr Mark PALMER Dr Mariana DELFINO-MACHIN	United Kingdom of Great Britain and Northern Ireland
Dr Ann CHAO Dr Gabrielle LAMOURELLE Mr Patrick CONNALLY	United States of America

World Health Organization

Dr Soumiya SWAMINATHAN, Office of the Director-General, WHO

Ms Sigrid KRANAWETTER, Principal Legal Officer, Office of the WHO Legal Counsel

Observers

Dr Samar AL-HOMOUD, Chairperson, IARC Ethics Committee

Dr Christine FRIEDENREICH, Incoming Chairperson, Scientific Council (*unable to attend*)

Dr Sonali JOHNSON, Head, Knowledge, Advocacy and Policy, Union for International Cancer Control (UICC)

Professor Giske URSIN, Outgoing Chairperson, Scientific Council

External Audit

Mr Lito Q. MARTIN, Commission on Audit, Philippines *(unable to attend)*

Secretariat

Dr E. WEIDERPASS, *Secretary*
Dr T. LANDESZ

Dr M. ALMONTE
Dr P. BASU
Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Dr I. CREE
Ms D. D'AMICO
Dr P. FERRARI
Ms E. FRANÇON
Dr M. GUNTER
Dr K. GUYTON
Dr Z. HERCEG
Dr R. HERRERO
Dr O. KELM
Dr Z. KOZLAKIDIS
Dr B. LAUBY-SECRETAN
Dr T. LEE
Mr F. LOZANO
Dr V. MCCORMACK
Dr J. MCKAY
Ms A. SANTHIPRECHACHIT
Dr A. SCALBERT
Dr J. SCHÜZ
Dr I. SOERJOMATARAM
Dr M. TOMMASINO
Dr J. ZAVADIL

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON welcomed participants, including the new members of the Governing Council, Professor Giske Ursin, Outgoing Chairperson of the Scientific Council, Dr Samar Al-Homoud, Chairperson of the IARC Ethics Committee, Dr Soumya Swaminathan, the representative of the Director-General of WHO, and Dr Sonali Johnson of the Union for International Cancer Control (UICC).

The SECRETARY likewise welcomed all participants.

2. ELECTION OF RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Dr KLEINAU (Sweden), Professor Murphy (Australia) was elected Rapporteur, the proposal being seconded by Dr ROBBINS (Canada).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Documents GC/61/1 (Prov.) Rev.2 and GC/61/1 (Prov.) Add.1)

The CHAIRPERSON drew attention to the revised agenda and requested comments thereon. He suggested that a supplementary agenda item on the withdrawal of Turkey from the Agency should be discussed later that day. A proposal by Spain to discuss the possibility of creating an alliance of leading cancer research institutes in Participating States would be discussed under the agenda item “any other business”.

The agenda, as amended, was **adopted**.

4. ADMISSION OF A NEW PARTICIPATING STATE – HUNGARY: Item 4 of the Agenda (Document GC/61/18)

The CHAIRPERSON said that the Director-General of WHO had communicated the application of Hungary to all Participating States in May 2019. The documents in relation to the application (see document GC/61/18) had been reviewed by the Governing Council Subcommittee on the Admission of new Participating States. The Subcommittee had determined that Hungary engaged in scientific and technical exchanges with the Agency, possessed funding, interest and capacity in cancer research and had a national cancer control programme, and could therefore contribute effectively to the research priorities of IARC, as described in the Medium-Term Strategy. Hungary had undertaken to observe and apply the provisions of the IARC Statute. The Subcommittee therefore recommended that the Governing Council should admit Hungary as a Participating State.

The RAPPORTEUR read out the following draft resolution, entitled "Admission of a Participating State – Hungary" (GC/61/R1):

> The Governing Council,
>
> Having examined the request from the Government of Hungary for admission as a Participating State in the International Agency for Research on Cancer (Document GC/61/18),
>
> 1. DECIDES pursuant to Article XII of the Statute of the Agency, that Hungary be admitted as a Participating State in the Agency; and
>
> 2. EXPRESSES great satisfaction at the admission of this new Participating State.

The resolution was **adopted.**

Dr Orsolya PACSAY-TOMASSICH (Hungary) took her seat at the Governing Council table. She thanked the Governing Council for admitting her country as a Participating State of the Agency. The national cancer control programme of Hungary, adopted in 1993, had been the first such programme in central eastern Europe. It now focused on lifestyle changes for the prevention of cancer and on early detection, with the aim of increasing life expectancy and healthy years of life and, specifically, reducing cancer mortality by 10% by 2030. Her country looked forward to working actively with the Agency. In closing, she invited all Participating States to attend a regional ministerial conference on oncology, to be held in Budapest in June 2019.

5. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 5 of the Agenda

Dr SWAMINATHAN, Office of the Director-General, WHO, conveyed the Director-General's greetings to the Governing Council and congratulated the Director on her appointment. As part of the current transformation process within WHO, the Secretariat had reviewed processes related to the Organization's normative work. It had found that products created by many WHO departments were not subjected to any standardized quality assurance process. Under the recently created Division of the Chief Scientist at WHO headquarters, led by herself, a new department would henceforth be responsible for quality assurance, evaluation of product impact and ensuring a relevant and timely response to Member States' expressed needs, with appropriate feedback loops. Every WHO department and country team would be involved in the production of global public goods, right from the planning stage. Departments would need to justify the creation of any products which were not mandated by a World Health Assembly resolution or the country support plans agreed with Member States. The aim was to produce fewer, but higher-quality, products which were easier to use, for instance through downloadable, searchable documents or mobile applications.

The new principles applying to WHO's normative work would also apply to Agency products, particularly those relating to quality of data, prevention of conflicts of interest and the quality assurance mechanism. WHO and the Agency had drawn up a standard operating procedure designed to promote a close working relationship. Communication of risks and hazards, both to

experts and to the general public, was another important area where misunderstandings had unfortunately arisen in the past. The collaboration between WHO and the Agency had grown even closer over the previous year, in the light of the growing global cancer burden and the increasing emphasis on equity in the United Nations Sustainable Development Goals and WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13).

Four WHO workstreams were particularly relevant to the work of the Agency. The first was the evaluation of cervical cancer as a public health concern. In May 2018, the Director-General had launched a global initiative for the elimination of cervical cancer, in which the Agency would play a key role by providing the high-quality epidemiological data required to justify interventions. WHO was promoting vaccination programmes, cervical cancer screening and cancer registries, and would step up its efforts to support national health systems and scale up screening, early detection and treatment activities over the coming year. A draft global strategy towards the elimination of cervical cancer was currently the subject of technical consultations among Member States, technical experts and other partners.

The second workstream concerned childhood cancer. The WHO Global Initiative for Childhood Cancer, launched in September 2018, aimed to double current survival rates by 2030. The Agency could make a valuable contribution in the area of cancer registration, epidemiological data and implementation research, in order to translate approaches already proven in high-income countries to low-income settings. Persistent challenges included ensuring supplies of essential drugs and defining and supplying appropriate paediatric formulations.

The third area was the transition from cancer science to cancer policy. WHO would provide policy advice to accompany the forthcoming *World cancer report*, to be published by the Agency later in 2019, providing information and justification for investment by WHO Member States in cancer prevention and control. A clear communication strategy would be required to ensure that the two reports complemented, but did not contradict, one another. In 2017, the World Health Assembly had called upon the WHO Secretariat and the Agency to coordinate more closely in their assessment of hazards and risks and in the communication of those assessments. For example, mixed messages had sometimes emerged from the Joint Meeting on Residues of WHO and the United Nations Food and Agriculture Organization, the Codex Alimentarius Commission and the Agency's Monographs working groups. WHO and the Agency planned to set up a working group for a period of 1–2 years to avoid duplication of efforts, increase synergies and coordinate the communication of health risks; its work would feed into the overall WHO assessment of health risks.

The fourth and final area of work concerned data and research. WHO and the Agency would work together to support Member States in building their health information systems and capacity to collect, analyse and make use of disaggregated health data and transform them into evidence-based policy.

WHO and the Agency also collaborated in other areas, such as the economic impact and burden of cancer. Although their operational approaches might differ, both agencies shared the same strategic priorities and were committed to working together with good communication and

transparency. They would continue to meet regularly, promote a consistent approach to policy and risk communication and build on their strong shared history of collaboration.

Mr DE RAEDT (Belgium) called upon the Agency and WHO to work closely together to avoid duplication of efforts and to align their work closely, particularly in areas such as evaluation and policy.

Professor IFRAH (France) thanked WHO for its leadership in activities to combat cervical cancer and childhood cancer. The French national cancer centre planned to launch a new programme in 2020 in which it would engage in a strategic dialogue about potential future collaboration with other national institutes from Germany, Japan and a number of other countries.

Ms LÜBBEN (Germany) called upon WHO and the Agency to devote more attention to the coordination of risk and hazard assessments and the communication of risk.

6. DIRECTOR'S REPORT, INCLUDING MAJOR SCIENTIFIC HIGHLIGHTS: Item 6 of the Agenda (Document GC/61/2)

The SECRETARY presented her first Director's report, which also covered the final year of the term of office of her predecessor, Dr Wild. She welcomed Hungary's accession as a new Participating State. Sadly, however, Turkey had signalled its intention to withdraw from the Agency. She had made every effort to persuade the Government of Turkey to reconsider that decision, and would continue to do so.

The Agency continued to work closely with WHO in strategic areas where it could contribute to the scientific evidence base for WHO reports, meetings, guidelines, recommendations and policy. It was involved in the two cancer initiatives, on cervical cancer and childhood cancer, that Dr Swaminathan had described, as well as in joint research projects and working groups. In December 2018, she had met the Director-General of WHO and Dr Agnès Buzyn, the French Minister for Solidarity and Health and a former member of the Governing Council, to discuss plans to set up a global health hub in Lyon, which would include the new Agency headquarters, the Nouveau Centre, and the WHO Academy.

WHO and the Agency had drawn up a standard operating procedure, under which they routinely exchanged information about the IARC Monographs meetings and maintained close contact to coordinate action for joint initiatives, future collaboration and better alignment of their respective activities. The WHO Framework of Engagement with Non-State Actors (FENSA) had been implemented at IARC in accordance with Governing Council resolution GC/60/R17.

Turning to strategic partnerships, she said that the Agency worked with collaborators from 141 countries all over the world, coordinated 20 consortia involving 978 partner institutions and participated in a further 16 collaborative consortia involving 542 partner organizations. It had signed a memorandum of agreement with UICC in early 2019. It had participated actively in the UICC World Cancer Leaders' Summit on the theme "cancer treatment for all" and the World Cancer Congress on the theme "strengthen, inspire, deliver" in October 2018. The Agency currently hosted a UICC Fellow under the Yamagiwa-Yoshida Memorial International Study Grant scheme.

The Agency chaired and provided the secretariat for Cancer Prevention Europe, a consortium of 10 leading European cancer research institutions which aimed to reduce morbidity and mortality from cancer in European populations through prevention and early detection. Its main aims were to optimize the implementation of known preventive interventions and increase the return on investment; to conduct advocacy activities, disseminate information and translate research results into better policy and practice; to identify risk factors and novel targets for prevention: and to promote a coordinated approach and added value among European countries. The consortium complemented existing European platforms such as Cancer Core Europe.

The proposed new headquarters of the Agency, the Nouveau Centre in the Gerland Biodistrict area of Lyon, had received generous funding and continued support from the French Government, the Métropole de Lyon, the Région Auvergne-Rhône-Alpes, and the City of Lyon. The new site would promote open science which would share innovative, creative ideas and compelling data obtained using state-of-the-art equipment.

She gave details of notable research activities from the various research groups and sections, in line with the research agenda that she had presented to the Scientific Council at its 55th Session in January 2019, shortly after she had taken up the post of Director. The Section of Cancer Surveillance had launched the latest update of the GLOBOCAN database in September 2018, providing estimates of cancer incidence, mortality and prevalence from 185 countries for 36 types of cancer. Two peer-reviewed publications had been issued in 2018 dealing, respectively, with cancer burden and with GLOBOCAN sources and methods. The Agency's web portal for cancer statistics, the Global Cancer Observatory, provided for graphical visualization of GLOBOCAN data by country, type of cancer, age and sex. It included a subsite, Cancer Tomorrow, which presented predictions for future cancer incidence and mortality worldwide until 2040.

The Section of Cancer Surveillance had also launched the third SURVCAN study of cancer survival, using data from over 80 cancer registries in Africa, Asia and Latin America, with results expected later in 2019 that would provide valuable data for national policy-makers in lower-resource settings. The Section had also produced estimates of the long-term economic impact of achieving United Nations Sustainable Development Goal target 3.4 (Reduce cancer mortality rates by one third by 2030) compared with no reduction in mortality rates, which would require feasible, affordable and cost-effective cancer and noncommunicable disease interventions, but would result in an absolute gain in gross domestic product (GDP) of US$ 21 trillion worldwide (at 2005 exchange rates), with the largest gains occurring in China, India and the United States of America.

The WHO Classification of Tumours Group, part of the Section of Evidence Synthesis and Classification, had launched the fifth edition of the WHO Classification of Tumours series ("Blue Books") with editorial board meetings on cancers of the digestive system and of the breast. The last two books of the fourth edition, dealing with tumours of the skin and of the eye, had been published in September and December 2018, respectively. The Preamble to the IARC Monographs had been revised in the interests of enhanced transparency, increased rigour and modernized methods. Strong procedures had been introduced to manage conflicts of interest, public engagement and involvement of stakeholders, along with a robust methodology for systematic review. Greater emphasis had been placed on mechanistic evidence in order to prepare for continued progress in molecular research. Approaches to the evaluation of evidence across

scientific disciplines had been harmonized. Mechanistic, animal bioassay and human cancer evidence streams had been integrated in order to support a robust consensus in overall evaluations.

The Handbooks Group had updated the Preamble to the IARC Handbooks on Cancer Prevention, increasing transparency in the areas of definitions, roles of participants, milestones for the preparation of the meeting and the principles of the systematic review process. An analytical framework would be developed for each Handbook, and the evaluation scheme would present several scenarios for primary prevention. There would be greater consideration of harm and the benefit-harm balance. The revised Preamble would be posted on the IARC website, along with a report summarizing the revision process and the main updates.

The Laboratory Services and Biobank Group and the Education and Training Group had collaborated in the Biobank Learning platform, launched in November 2018, which was the only global resource for information on biobank infrastructure for low- and middle-income countries. As part of a consortium of 11 partners from nine countries in Europe and Africa, the two groups had led the dissemination work package and the education and training work package, respectively.

In September 2018, the Agency had conducted a scientific workshop to celebrate the 25th anniversary of the European Prospective Investigation into Cancer and Nutrition (EPIC) study, with topics including diet, obesity and cancer, biomarkers for early detection, socioeconomic factors and mortality, and air pollution. The sixth annual IARC Cancer and Society lecture on World Cancer Day had been given by Professor Groesbeck Parham of the University of Zambia, a world leader in the prevention of cervical cancer in resource-constrained settings. On the same occasion, Dr Eva Kantelhardt of Martin Luther University, Halle-Wittenberg, Germany, had given a seminar on breast cancer services in Ethiopia.

The Epigenetics Group of the Section of Mechanisms of Carcinogenesis had published a landmark study in collaboration with the National Cancer Center of the Republic of Korea, which had aimed to test the hypothesis that normal gastric mucosa associated with *Helicobacter pylori* infection exhibited altered epigenetic states. A large number of differentially methylated genes had been identified, which indicated that *H. pylori* infection might indeed leave a robust epigenetic signature and that DNA methylation profiles could potentially improve understanding of gastric cancer.

The Molecular Mechanisms and Biomarkers Group, in the same Section, had conducted a study to establish the mutational fingerprint of acrylamide and its derivative, glycidamide, in an experimental setting and in human tumours. People could be exposed to acrylamide through their diet and through tobacco smoking. The results gave a global perspective of putative imprints of acrylamide in human cancers. Extended validation analyses of biomarkers of exposure and genomic analyses of patients with documented levels of dietary acrylamide exposure were currently under way.

The Infections and Cancer Biology Group, part of the Section of Infections, had investigated a “hit-and-run” mechanism of beta types of human papillomavirus (HPV), in which HPV was associated with ultraviolet light in the development of squamous cell carcinoma in the skin. A model of carcinogenesis had been proposed in which ultraviolet radiation was the driving force

and HPV viral proteins E6 and E7 facilitated the accumulation of DNA mutations induced by the radiation. The Infections and Cancer Epidemiology Group, also part of the Section of Infections, was working with the Section of Cancer Surveillance to estimate the global incidence of liver cancer attributable to hepatitis B and C. The project was part of a wider effort to update estimates of the global burden of cancer attributable to infections for the year 2018, and would contribute to monitoring progress towards WHO's goal of eliminating hepatitis, for which the Infections and Cancer Epidemiology Group was working closely with the Global Hepatitis Programme at WHO headquarters.

The Section of Environment and Radiation had convened an international expert group in 2017 to develop recommendations on thyroid health monitoring after a nuclear accident. Its recommendations were that thyroid screening should not be carried out at a population level after such an accident, but that States should consider offering a long-term thyroid monitoring programme for individuals at higher risk.

The Nutritional Epidemiology Group, part of the Section of Nutrition and Metabolism, had conducted a study of industrial *trans* fatty acids and ovarian cancer as part of the EPIC study. Fatty acids derived from industrial processes had been found to be positively associated with ovarian cancer risk, even after multiple testing and controlling for established risk factors. The Nutritional Methodology and Biostatistics Group had conducted a study of obesity and multimorbidities as part of a research programme being developed within the EPIC study to investigate the occurrence of the most common noncommunicable diseases – cancer, cardiovascular disease and type 2 diabetes. The study had confirmed that body mass index was linked with the risk of all three conditions and with the risk of multimorbidities. Public health measures intended to control obesity might, therefore, reduce the occurrence of multimorbidities in the general population. The Biomarkers Group had continued its work on the PRECAMA study of breast cancer in premenopausal women in five Latin American countries. The study had found that higher body mass index was inversely associated with premenopausal breast cancer in that population, as in Europe and North America, although there might be important differences related to waist circumference and estrogen receptor status.

The Genetic Cancer Susceptibility Group, part of the Section of Genetics, had conducted multiomic analyses of the world's largest series of rare lung neuroendocrine neoplasms, collected from 462 patients in 22 centres in 10 countries. The current histopathological classification distinguished three groups of neoplasms with a good, intermediate and bad prognosis. A machine learning technique trained on the histopathological classification and applied to the transcriptomic and methylomic data from the tumours had subdivided the intermediate group into two subgroups with a good and bad prognosis, respectively. A third analysis, a multiomics factorial analysis of the transcriptomic and methylomic data, had identified a group of samples that combined the morphological features of carcinoid tumours with the molecular (transcriptomic and methylomic) profiles of large-cell lung neuroendocrine carcinomas, with the poor clinical outcomes of the latter group. Multidisciplinary approaches could thus assist in tumour classification and the subsequent management of persons with cancer.

The Genetic Epidemiology Group had published an important paper in *JAMA Oncology* looking at blood-based biomarkers for lung cancer, from a larger research project funded by the United States National Cancer Institute. The aim of the study was to investigate whether a model to predict the risk of lung cancer based on a panel of selected circulating protein biomarkers could be used to identify individuals at high risk of developing lung cancer. It had found that a risk prediction model consisting of four protein biomarkers developed in a cohort of individuals in the United States at high risk of lung cancer had outperformed a model based on the smoking history alone. The model therefore had the potential to improve the eligibility criteria for lung cancer screening compared with the traditional risk prediction model.

The Genetic Epidemiology Group had also published further results on the risk factors for oesophageal cancer, derived from the Golestan Cohort Study in the Islamic Republic of Iran. Analysis of the data had identified seven independent risk factors which appeared, in combination, to be responsible for the extremely high levels of oesophageal cancer in the region: low intake of fruit and of vegetables, high consumption of very hot tea, poor oral hygiene (as measured by rates of tooth loss), opium smoking, indoor air pollution and unpiped water supplies.

The Prevention and Implementation Group, part of the Section of Early Detection and Prevention, had continued its work on the ESTAMPA study, a large study to evaluate new strategies and biomarkers for triage of HPV-positive women in cervical cancer screening programmes in Latin America. The study covered nine countries, with over 300 clinical collaborators, and aimed to screen 50 000 women aged between 30 and 64 years. Study personnel received appropriate training prior to the screening programme, and activities were regularly monitored. The initial results of the study were very positive.

The Prevention and Implementation Group, with the Section of Cancer Surveillance and the WHO headquarters, had also published estimates of the cost of lost productivity associated with premature cancer mortality worldwide in 2018. The estimates were intended to complement other measures of the cancer burden, such as incidence, mortality and survival, to inform priority-setting for cancer prevention and control and resource allocation. The global cost of lost productivity due to premature mortality from cancer was estimated at US$ 236 billion, or 0.3% of global GDP. The highest loss was attributable to lung cancer (16.1% of the total) followed by breast cancer (9.1%) and liver cancer (8.8%).

The Screening Group, also part of the Section of Early Detection and Prevention, had carried out an evaluation of the national breast cancer screening programme in Morocco. In 2015, the detection rate had been 1 per 1000 women screened. A total of 3.2% of the 1.26 million women screened in 2015 (31.4% of the total eligible population) had been referred after clinical breast examination, the first stage of screening. Of those, 34.7% had undergone mammography and 5% had undergone fine needle aspiration cytology or core biopsy. A number of specific recommendations had been made to the Ministry of Health, and some had already been implemented, for instance the creation of a computerized health information system.

She provided details of some of the key performance indicators requested by the Governing Council. The number of articles published by Agency scientists and the percentage of those articles published in leading journals was consistent with previous years (see document GC/61/2, table 2).

Most articles had been published in journals specializing in oncology or public, environmental and occupational health. The proportion of open access articles had increased. Publication sales were still strong, thanks mostly to the success of the Blue Books, with a small amount of additional revenue from other sources such as e-publications and royalties (see document GC/61/2, tables 3 and 4). The IARC e-bookshop continued to expand, recording 20 000 free downloads of the *World cancer report* in 2018. The number of visitors to the IARC website continued to increase, with both the total number of visits and the average number of visits per day increasing in 2018 compared with 2017, particularly for the Monographs programme and GLOBOCAN (see document GC/61/2, tables 5 and 6).

The Agency was successful in attracting competitive grants and concluding direct agreements with strategic partners. More bids for funding were submitted every year, and the value of signed grants had increased slowly but steadily over the previous five years. Likewise, expenditure on voluntary contributions had increased slightly over the previous five years, demonstrating an overall increase in available funding from such sources (see document GC/61/2, table 7).

The Agency's new resource mobilization strategy was based on four pillars: attracting new Participating States; strengthening competitive funding; increasing direct funding; and exploring innovative fundraising methods. A Resource Mobilization and Management Office had been established, and the recruitment of a strategic engagement and resource mobilization officer was in progress. The section on donations on the IARC website had been made more prominent. World Cancer Day on 4 February 2019 had been used as an opportunity to launch the fundraising campaign for the new Nouveau Centre site. The Agency had applied to the Organisation for Economic Co-operation and Development for inclusion on its list of international organizations eligible to receive official development assistance.

Finally, turning to education and training, she noted that, in 2018, the Agency had welcomed 160 early-career scientists on its research training and fellowship programme. Of that number, around 40% were postdoctoral scientists, 30% were bachelor's or master's students, around 20% were doctoral students and around 10% were continuing professional development trainees. In addition, 19 visiting scientists and 27 senior visiting scientists had worked at the Agency during 2018. Because of budget constraints, only seven IARC postdoctoral fellowships had been awarded in 2018, of which six had gone to fellows from low- and middle-income countries (see document GC/61/2, table 10). Nevertheless, an international selection committee had commended the high standard of applicants and the number applying to spend a second year at the Agency. Ten IARC courses conducted in 2018 (more than one third of the total) had been delivered fully or partly online, through webinars, online courses or a blended approach combining online and face-to-face learning (see document GC/61/2, table 11).

Dr ROBBINS (Canada), Vice-Chairperson, speaking as the representative of Canada, commended the report, which showed the unique collaborative role of the Agency and the Director's efforts to introduce and implement strategies on gender balance and open access publishing and to increase capacity in bioinformatics.

Dr SCHMEKEL (Sweden) asked about the progress of negotiations with potential new Participating States. Overall, income from publications had declined slightly: was that a continuing trend? She asked about staffing priorities, since the number of postdoctoral fellows was down by 50% while around 24 new staff posts had been filled over the previous three years.

Ms LÜBBEN (Germany) welcomed the increasing collaboration between the Agency and WHO, particularly in the field of communications, and asked for a separate, more detailed report on that collaboration to be prepared for the Governing Council at future sessions. She further asked for more details of the proposed global health hub and of the employment of consultants and other non-staff personnel, and called for the preparation of a separate, more detailed report on human resources at future sessions. Resource mobilization was a valuable activity, but it must be financed from the Agency's existing budget.

Mr SOORSMA (Netherlands) commended the Agency and WHO on their focus on prevention and good health rather than disease and on the progress made in early detection of cancer.

Dr CHAO (United States of America) commended the strategy for resource mobilization, the development of strategic partnerships and closer collaboration with WHO. She asked for more information about collaboration with key WHO offices in relation to the Monographs programme, training and fellowship opportunities, especially for scientists from low- and middle-income countries, and the new global health hub in Lyon.

Dr DE ANDRÉS MEDINA (Spain) stressed the importance of presenting the advantages of membership of the Agency in terms appropriate to States from different geographical areas, since a purely global approach might fail to convince some States of its advantages.

Dr HORI (Japan) asked for a separate report on resource mobilization at future sessions.

Dr BELAKHEL (Morocco) thanked the Agency for its assistance in improving screening for breast, cervical and uterine cancer in her country. She welcomed the Agency's increasing collaboration with WHO, but considered that the activities of the two agencies relating to cancer should be kept separate. She asked whether, in view of the current financial constraints, the citizenship of potential postdoctoral scientists was taken into account.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland) asked for more details, including the timeline, of the Agency's application to OECD for inclusion in the list of organizations eligible for official development assistance.

Dr PINHO MENDES PEREIRA (Brazil) commended the Agency for its strong collaboration with WHO and UICC on issues such as conflicts of interest, as well as its close relationship with the WHO regional offices, including the Pan American Health Organization. In view of the obvious difficulties of recruiting new Participating States, she suggested that the Agency should take a more pragmatic approach to presenting the advantages of membership.

Dr KOROBKO (Russian Federation) commended the Agency's work on prevention, particularly the ongoing work on environmental carcinogens. He thanked the Agency for its continued support of Russian research into the effects of chrysotile asbestos, including its scientific and methodological advice and the oversight provided by the IARC Ethics Committee.

Professor BRUSAFERRO (Italy) asked for more information about IARC training courses and suggested that Participating States could be involved in training for postdoctoral scientists.

The SECRETARY, replying to the points raised, said that she was currently discussing the possible accession to the Agency of Kuwait, Saudi Arabia, Singapore and Portugal.

She was gratified by the increasing closeness of the Agency's collaboration with WHO. There was daily contact between the two agencies regarding the two WHO initiatives on cervical cancer and childhood cancer. The standard operating procedure had proved very valuable, but there was still room for improvement, particularly in respect of the Monographs and Handbooks. An earlier proposal to move the entire WHO cancer control programme to Lyon, specifically to the future global health hub, was again under discussion.

On the subject of resource mobilization, she noted that the new Resource Mobilization Office had now opened under the Office of the Director and new opportunities had been made available by the adoption of the WHO FENSA framework. Her first priority was to bridge the funding gap for the construction of the Nouveau Centre; her second priority was education, training and the Fellowships programme.

A number of staff posts had been created at the crucial junior scientist level. The Fellowships programme had been placed on hold because of budgetary constraints. In the recruitment of postdoctoral scientists, priority was given to low-income countries, although there were no official quotas. Participating States were, of course, at liberty to finance postdoctoral posts themselves. She planned to increase the number of fellowships and both face-to-face and online courses in collaboration with the WHO Academy. E-learning courses would be particularly useful in that endeavour, since there was often not a sufficient budget to bring students to study in Lyon.

The results of the ASBEST study of exposure to chrysotile asbestos in the Russian Federation should be made available by 2021.

She agreed with the member for Spain that it was important to consider geographical factors when presenting the advantages of Agency membership. The Section of Cancer Surveillance intended to produce more country reports in future. The benefits of membership could not be quantified in purely financial terms: however, the added value arising from training opportunities for young scientists and initiatives such as the international cancer survival benchmarking project (which incorporated the SURVCAN 3 study she had mentioned earlier) should be emphasized more clearly.

Replying to a question from the member for Australia, she said that any changes in the structure of the Agency's research activities would be included in the next draft medium-term strategy, to be drawn up in early 2020. Any proposals would be based on an external evaluation that would begin immediately after the current session of the Governing Council and last until the end of 2019, followed by stakeholder consultations.

Dr CREE (WHO/IARC Classification of Tumours Group) added that the publication figures reported the previous year had included sales of the revised fourth edition of the *WHO Classification of tumours of haematopoietic and lymphoid tissues*, which had proved very popular. Sales had likely declined slightly in the current year because purchasers were waiting for the fifth edition of the

Blue Books series, which would be published shortly. A new subscription website for the Blue Books series would be launched at the 31st European Congress of Pathology in September 2019.

Dr LANDESZ (Director of Administration and Finance) said that OECD would decide on the Agency's application for inclusion on the list of organizations eligible for official development assistance in July 2019.

The RAPPORTEUR read out the following draft resolution, entitled "Director's report" (GC/61/R2):

> The Governing Council,
>
> Having reviewed the Director's Report (Document GC/61/2),
>
> 1. THANKS the Director for the Report and for the Key Performance Indicators provided therein;
>
> 2. NOTES with satisfaction the continued efforts made towards further strengthening coordination and communication between IARC and WHO;
>
> 3. THANKS the Secretariat for its report on IARC engagement under the Framework of Engagement with Non-State Actors (FENSA) as part of the Director's Report, in accordance with Resolution GC/60/R17; and
>
> 4. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted**.

7. REPORT OF THE FIFTY-FIFTH SESSION OF THE SCIENTIFIC COUNCIL: Item 6 of the Agenda (Document GC/61/3)

8. DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE 55TH SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda (Document GC/61/4)

Professor URSIN (Outgoing Chairperson, Scientific Council) reported on the 55th session of the Scientific Council (30 January–1 February 2019, see document GC/61/3). Since the Director had been in post for less than one month at that point, the initial discussion had focused on general and strategic issues. The Scientific Council had stressed the importance of IARC fellowships and training activities as a core function of the Agency, particularly for early-career scientists from low- and middle-income countries. It had encouraged the Agency to increase its visibility, both among clinicians (for instance, by attending more clinical conferences) and among the general public. It had discussed ways of increasing participation in cancer screening and identified a number of challenges specific to low- and middle-income countries, such as waterpipe smoking in the Middle East and the increase in the incidence of gallbladder cancer.

The Scientific Council had discussed the implications for the Agency of the adoption of the European Union General Data Protection Regulation EU/2016/679 (GDPR). The Regulation did not apply directly to the Agency, but it was relevant for interactions with European scientific collaborators. The Scientific Council had welcomed the interim data protection arrangements

adopted by the Agency and its ongoing efforts, in collaboration with WHO, to draw up a strong data protection policy.

While supporting the Director's plans for the future scientific direction of the Agency, the Scientific Council had expressed concern about the likely impact of budgetary constraints. It was important to increase awareness of the advantages of membership of the Agency, including opportunities for collaborative research, training and education and assistance in the translation of research evidence into health policy, as well as the direct benefits of reducing the cancer burden. With reference to low- and middle-income countries, the Scientific Council had pointed out the importance of monitoring the impact of industrial exposures on occupational cancers and of identifying, with WHO, novel mechanisms for obtaining research funds for studies of occupational exposures from the industries that were responsible for them.

The Scientific Council had declared itself optimistic about the prospects for bridging the funding gap for the move to the Nouveau Centre. It had welcomed the strengthening of the resource mobilization team and had stressed the importance of soliciting philanthropic funding, for example in exchange for the right to name some of the new rooms or buildings.

The annual poster session had amply demonstrated the quality and relevance of the Agency's research. In a number of parallel sessions on cross-cutting research topics, Agency scientists had given details of the WHO global initiatives on cervical cancer and childhood cancer, challenges and opportunities for preventive interventions using the example of weight control and metabolic health, and the potential of the Mutographs platform for maximizing the Agency's research impact.

Turning to the reviews of scientific sections, she noted that the Scientific Council had expressed its approval of the Director's response to the 2018 reviews of the Section of Early Detection and Prevention and the Section of Nutrition and Metabolism, stressing the importance of cancer prevention work by the former and the development of bioinformatics capacity for metabolomics by the latter. The Council had supported two requests for funding from the Governing Council Special Fund relating, respectively, to the purchase of equipment for the DNA extraction platform and software and databases for metabolomics and to investment in the HELPER study on the eradication of *H. pylori* to reduce the incidence of gastric cancer in the Republic of Korea.

The review conducted at the 55th session had concerned the Section of Evidence Synthesis and Classification. The Scientific Council had assessed the past performance of the Section as Outstanding. The future plans of the IARC Monographs Group and WHO Classification of Tumours Group had been assessed as Outstanding and those of the IARC Handbooks Group as Forefront. Both the past performance and the future plans of the Section had been assessed as being a perfect fit with the Agency's mission. The review had included some recommendations for future work. The publications produced by the Section – the Monographs, Blue Books and Handbooks – were unique and of outstanding quality, and had a major impact on cancer prevention, classification and etiology.

In 2020, the following Sections would be reviewed: the Section of Mechanisms of Carcinogenesis, involving Scientific Council members Drs Sánchez Gómez and Viola, and the Section of Infections, involving Scientific Council members Drs Clavel and Sibilia.

In its discussion of the evaluation report of the implementation of the Medium-Term Strategy 2016–2020, the Scientific Council had commended the impressive global reach and high impact of the Agency's work and had made some suggestions for improving communication and reducing the number of key indicators. The Council had expressed concern about the reduction in the Fellowships programme, made necessary by budgetary constraints.

The Scientific Council had further discussed the procedure for the preparation of the next Medium-Term Strategy, covering the period 2021–2025. The preparation process would be preceded by an external evaluation of the Agency's work. The Scientific Council wished to be actively involved in the evaluation through the proposed Advisory Group, which should have an equal number of members from the Scientific Council and the Governing Council, and wished to review the Advisory Group's report before it was submitted to the Governing Council. The evaluation should cover all areas of the Agency's research. The Scientific Council had endorsed the revised timeline for development of the Medium-Term Strategy and, consequently, the proposed extension of the current Medium-Term Strategy by five months, until May 2021.

The Scientific Council had elected Dr Christine Friedenreich as its new Chairperson and Dr João Viola as its new Vice-Chairperson.

In closing, she made a strong plea, in the name of the Scientific Council, for the Governing Council to approve the proposed programme budget for the period 2020–2021 as submitted by the Secretariat. The Agency was a world-class research institution directed by a leading cancer specialist, with many other eminent scientists leading its research sections, but it could not realize its potential on a zero nominal growth budget, which was all that it had been granted for the previous 10 years. Global cancer control could not be achieved without regular increases in budget, whether that budget was obtained through assessed or voluntary contributions.

The SECRETARY drew attention to her response to the Scientific Council report, contained in document GC/61/4. She thanked Professor Ursin for her contribution as Chairperson of the Scientific Council, and echoed the latter's appeal to the Governing Council to consider increasing the budget of the Agency through either regular or voluntary contributions. She was particularly concerned about the education and training activities and the Fellowships programme, which were core functions of the Agency.

Dr NAKAGAMA (Japan) commended the Agency's work on prevention and early detection, but noted that other approaches could also help to reduce the global cancer burden, such as stratification of cancer risk by means of biomarkers. He therefore supported the proposal for the purchase of relevant scientific equipment financed by the Governing Council Special Fund. Molecular pathology was an increasingly important area of research for both prevention and treatment of cancer. What were the Director's plans for strengthening that area of research and harmonizing the codes used in the International Classification of Diseases for Oncology, 3rd revision (ICD-O-3) with those used in the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10)?

Dr CREE (WHO/IARC Classification of Tumours Group) said that, as a molecular pathologist himself, he had been recruited to the Agency two years before precisely to strengthen that area of research. The Agency was grateful for the support of Japan in funding fellowships for senior

pathologists to work on ICD-O-3 and the new 11th revision of the International Classification of Diseases. Naturally, any further offers of funding would be most welcome.

Ms LÜBBEN (Germany) suggested that the Secretariat should solicit opinions from various stakeholders about the benefits of membership of the Agency and communicate them effectively to potential new Participating States.

Mr DE RAEDT (Belgium) noted that, in his own Ministry, awareness of the Agency's activities was mainly confined to the Monographs on controversial subjects such as glyphosate and consumption of red meat, while other valuable activities, such as potential support for Belgium's cancer registry, went unpublicized. Country visits by staff members might help to raise the Agency's profile among policy-makers.

Professor IFRAH (France) invited national funding bodies to open their funding to IARC. That practice had not disadvantaged national research teams from his own country; in fact, it had raised the overall standard of research.

Dr STEBER-BÜCHLI (Switzerland) commended the Scientific Council on its excellent report and the reviewed research sections on the excellent results they had demonstrated.

Dr JOHNSON (Observer, Union for International Cancer Control – UICC) highlighted the key areas in which her organization collaborated with the Agency, including tumour, node and metastasis (TNM) staging, the Global Initiative for Cancer Registry Development and the World Cancer Leaders' Summit. The Agency was a committed and valued partner of civil society.

The SECRETARY, responding to the points raised, said that the Secretariat would endeavour to communicate the work of the Agency more effectively at country level. The World Cancer Leaders' Summit played a very valuable role in bringing the cancer control community together. The Agency greatly appreciated the fellowships funded by UICC.

The RAPPORTEUR read out the following draft resolution, entitled "Report of the Scientific Council" (GC/61/R3):

The Governing Council,

Having reviewed the Report presented by the Fifty-fifth Scientific Council (Document GC/61/3) and the Director's response (Document GC/61/4),

1. NOTES the Report (Document GC/61/3) with great interest;

2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work; and

3. COMMENDS the Director for her constructive responses to the recommendations of the Fifty-fifth Session of the Scientific Council.

The resolution was **adopted**.

9. WITHDRAWAL OF A PARTICIPATING STATE – TURKEY: Supplementary Agenda item 1 (GC/61/1 (Prov.) Add.1)

The CHAIRPERSON reported that the Ministry of Health of Turkey had informed the Director-General of WHO of its intention to withdraw from the Agency. The Director-General had spoken personally with the President of Turkey and had written to the Minister of Foreign Affairs of Turkey on 20 December 2018, urging the Government of Turkey to reconsider its decision and highlighting the fact that Turkey hosted the Agency's regional hub for cancer registration, which supported the development of cancer registration in neighbouring countries where expertise was currently lacking. He himself had contacted the Turkish Ministry of Health, the Turkish member of the Scientific Council, the Turkish permanent mission in Geneva and the WHO Regional Office for Europe, and had written to the Ministry of Health and the Ministry of Foreign Affairs. He had, however, received no response from the Government. The Director-General would soon write again to the President of Turkey, and he and the Director would speak with the President at the World Health Assembly the following week.

Ms LÜBBEN (Germany) expressed concern that the Governing Council had been informed of the impending withdrawal of Turkey from the Agency at a very late stage and only through the revised draft programme and budget document. The initial letter from the Government of Turkey indicated that the country had changed the way it allocated resources to the work of international organizations, and could therefore be seen as a response to the proposed increase in the Agency's budget. She trusted that Turkey's withdrawal would not set a precedent.

Ms TROTTER (Canada) likewise deplored Turkey's decision, and commended the Agency and WHO for their efforts to convince the Government to reconsider. The situation showed the importance of demonstrating the financial case for Agency membership to national governments, which had a duty to their taxpayers to spend resources in ways that benefited their own populations as well as creating global goods. She called for the Governing Council to be informed at a much earlier stage if any other Participating State indicated an intention to withdraw from the Agency.

The SECRETARY noted that Turkey would officially leave the Agency in June 2019[1]. The Secretariat, with the approval of the Chairperson of the Governing Council, had not informed the Governing Council earlier because it had hoped that Turkey could be convinced to remain. If the situation occurred again in future, however, she would ensure that the Governing Council was informed at an early stage. She agreed with the representative of Canada on the need to stress the benefits of Agency membership to both current and potential Participating States.

Dr LANDESZ (Director of Administration and Finance) noted that, in the past, some Participating States experiencing budgetary constraints had been granted special terms for the payment of their assessed contributions. However, there had been no such request from Turkey: the first indication that there was a problem had been the formal letter to WHO stating the Government's intention to withdraw from the Agency.

[1] On 28 May 2019 a letter from Professor Emine Alp Mese, Deputy Minister of Health of Turkey, was sent to the Director-General of WHO, Dr Tedros, informing him that Turkey considers a three-year suspension rather than a withdrawal. This letter was received at IARC on 01/06/2019, just a few days before the lapse of the six-month period of ending membership.

The CHAIRPERSON suggested that the Governing Council should not be notified of the potential withdrawal of a Participating State until the withdrawal process had officially begun, i.e. when the State had formally notified the Director-General of WHO.

He invited the Governing Council to consider a draft resolution on the withdrawal of Turkey from the Agency.

Dr KOROBKO (Russian Federation), Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Ms LÜBBEN (Germany) and Dr DE ANDRÉS MEDINA (Spain) proposed amendments to the draft.

The RAPPORTEUR read out the following revised draft of the resolution, entitled "Withdrawal of a Participating State – Turkey" (GC/61/R17):

The Governing Council,

Having read Document GC/61/19,

1. TAKES NOTE of the decision of Turkey to withdraw from the International Agency for Research on Cancer with effect from 3 June 2019, and with dues of contribution amounting to €753 457;

2. EXPRESSES its regret on this decision;

3. HOPES that such withdrawal will be of a temporary nature and encourages continuing scientific dialogue with Turkey;

4. ACKNOWLEDGES the efforts of the Director, Governing Council Chair and WHO in attempts to maintain participation by Turkey; and

5. REQUESTS confidential notification to the Governing Council members when the WHO Director-General receives written notification of the intent to withdraw by a Participating State.

The resolution, as orally amended, was **adopted**.

The meeting rose at 13:10.