International Agency for Research on Cancer

World Health Organization

Governing Council
Fifty-ninth Session

GC/59/Min.1
Original: ENGLISH

Lyon, 18–19 May 2017
Auditorium

MINUTES OF THE FIRST MEETING

IARC, Lyon

Thursday, 18 May 2017, at 09:20

Chairperson: Dr Mark Palmer (United Kingdom of Great Britain and Northern Ireland)

Secretary: Dr Christopher P. Wild, Director, IARC

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Participating State Representatives

Dr Mark PALMER, ***Chairperson***	United Kingdom of Great Britain and Northern Ireland
Dr Adam BABBS	
Professor Mads MELBYE, ***Vice-Chairperson***	Denmark
Mr Keith COMISKEY, ***Rapporteur***	Ireland
Professor Brendan MURPHY	Australia
Dr Britta KUNERT	Austria
Mr Lieven DE RAEDT	Belgium
No representative	Brazil
Dr Stephen M. ROBBINS	Canada
Ms Lucero HERNANDEZ	
Dr Jaakko YRJÖ-KOSKINEN	Finland
Dr Janne PITKÄNIEMI	
Professor Norbert IFRAH	France
Ms Jocelyne BERILLE	
Mr Thomas IFLAND *(unable to attend)*	Germany
Mr Rajeev KUMAR	India
Professor Walter RICCIARDI	Italy
Mr Hiroyuki YAMAYA	Japan
Dr Hitoshi NAKAGAMA	
Dr Seiichiro YAMAMOTO	
Dr Rachid BEKKALI *(unable to attend)*	Morocco
Dr Latifa BELAKHEL	
Mr Henk E. SOORSMA	Netherlands
Mr Jack HUTTEN	
Dr Edgar RIVEDAL	Norway
Dr Al-Hareth M. AL-KHATER	Qatar
Dr Minkyu KANG	Republic of Korea
Dr Sungwoo LEE	
Dr Hyungkook YANG	
Dr Jeong Soo IM	
Dr Zoya SEREDA	Russian Federation
Dr Rafael DE ANDRÉS MEDINA	Spain
Professor Jan-Ingvar JÖNSSON *(unable to attend)*	Sweden
Dr Diane STEBER-BÜCHLI *(unable to attend)*	Switzerland
Dr Ezgi HACIKAMILOGLU	Turkey
Dr Peter MAMACOS	United States of America
Dr Therese TRACY	

World Health Organization

Dr Oleg CHESTNOV, Assistant Director-General, Noncommunicable Diseases and Mental Health

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

Dr Andreas ULLRICH, Advisor to ADG/NMH, Liaison WHO-IARC

Observers

Professor Béatrice FERVERS, Chairperson, IARC Ethics Committee

Dr Sonali JOHNSON, Senior Advocacy Manager, Union for International Cancer Control (UICC)

Professor Ellen KAMPMAN, Outgoing Chairperson, Scientific Council

Professor Giske URSIN, Incoming Chairperson, Scientific Council

External Audit

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

Secretariat

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Dr M. TOMMASINO
Dr J. ZAVADIL

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

The CHAIRPERSON welcomed participants, including Professor Ellen Kampman, Outgoing Chairperson of the Scientific Council, Professor Giske Ursin, Incoming Chairperson of the Scientific Council, Dr Sonali Johnson of the Union for International Cancer Control (UICC) and Dr Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO.

He informed the Governing Council of the sad and untimely death of Dr Chariklia Balas, who had represented Germany on the Council for some years.

The Governing Council observed one minute of silence in memory of Dr Balas.

The SECRETARY likewise welcomed participants and drew attention to an early-morning poster session on the Agency's priority projects, which would take place the following day.

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

On the proposal of Dr RIVEDAL (Norway), Mr Comiskey (Ireland) was elected Rapporteur, the proposal being seconded by Dr Rafael DE ANDRÉS MEDINA (Spain).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Document GC/59/1 (Prov.))

The CHAIRPERSON noted that a number of new Participating States were expected to join the Agency during the coming year. He suggested the addition of a new agenda item for discussion the following day, dealing with a procedure for approval of their admission by the Governing Council before its next regular session. If he saw no objection, he would take it that the Council wished to include the item on the agenda[1].

It was so agreed.

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

4. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 4 of the Agenda

The Governing Council watched a prerecorded video statement by Dr Margaret Chan, Director-General of WHO, who was unable to attend the meeting in person. Dr Chan commended the Director and his staff on the valuable contribution of IARC to guidance on cancer risk, prevention and control, and stressed the importance of consistency in the advice issued by WHO and by

[1] This was discussed under item 20. "Membership of the Subcommittee on the admission of new Participating States" [see GC/59/Min.3].

IARC. WHO was working to reduce the high cost of cancer drugs, for instance through a pilot scheme for the prequalification of biosimilar medicines, which was intended to make some of the most expensive treatments for cancer more widely available in low- and middle-income countries (LMICs).

Dr CHESTNOV (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO) contrasted the role of the Agency, which was to increase and disseminate scientific knowledge, with that of WHO, which went beyond the purely scientific to include governance and management and the interests of its Member States. The Secretariat of WHO existed to serve the Member States and was accountable to them, just as the Secretariat of the Agency was accountable to the Governing Council.

He called upon the Governing Council to consider the possibility of creating a joint advisory body to coordinate the activities of the two agencies. WHO had no intention of telling the Agency what it should, or should not, publish. However, if the Agency wished to publish material with implications for governance and management under the WHO brand, it must respect WHO procedures, however bureaucratic they might appear. He would be very happy to discuss ways of achieving that aim: structures such as the Secretariat of the WHO Framework Convention on Tobacco Control, which was an independent entity but liaised closely with his own department, might provide a suitable model.

The SECRETARY stressed the importance to the Agency of its close relationship with WHO, which added greatly to its credibility and visibility. The Agency collaborated with WHO in many technical programmes, particularly in relation to noncommunicable diseases and environmental influences on health.

Noncommunicable disease control had moved higher up the WHO agenda in recent years, while the Agency's work now involved more aspects relevant to public health policy, such as cancer registration, prevention studies, tobacco control and vaccination against human papillomavirus (HPV). There was, therefore, more scope for overlap in the activities and public pronouncements of the two agencies, and thus a greater need for coordination between them in order to avoid sending mixed messages to policy-makers and the general public.

Two recent issues which had elicited considerable media interest and criticism had concerned the IARC Monographs programme, specifically the monographs dealing with the herbicide glyphosate[1] and with consumption of red and processed meats.[2] The Secretariat proposed to draw up a standard operating procedure with WHO to govern timely consultation between the two agencies

[1] International Agency for Research on Cancer. Evaluation of five organophosphate insecticides and herbicides. Lyon, France: IARC; 2016 (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, vol. 112; http://monographs.iarc.fr/ENG/Monographs/vol112/, accessed 19 May 2017).

[2] International Agency for Research on Cancer. Red meat and processed meat. http://www.iarc.fr/en/media-centre/pr/2015/pdfs/pr240_E.pdf Lyon, France: IARC (in press; IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, vol. 114).

on forthcoming Monograph meetings which were likely to prove particularly newsworthy and controversial and on the communication of information to policy-makers and the public.

Dr CHESTNOV (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO) reaffirmed the importance which WHO attached to its working relationship with the Agency: that principle was not in question. However, it was essential to clarify the respective roles and responsibilities of the two agencies, which must be carefully managed if they were to continue to enjoy the confidence of Member States and the public.

5. DIRECTOR'S REPORT, INCLUDING MAJOR SCIENTIFIC HIGHLIGHTS: Item 5 of the Agenda (Document GC/59/2)

The SECRETARY, illustrating his remarks with slides, introduced his Director's report, including highlights of the scientific work of the Agency.

The IARC@50 scientific conference, held in June 2016 to mark the 50th anniversary of the Agency's foundation, had been an outstanding success, with over 900 participants from over 90 countries. Participants had congratulated him on the quality of the scientific programme and had asked for more such events to be held in the future. The event had remained within budget, even without commercial sponsorship. IARC medals had been awarded to Dr Elizabeth Blackburn, for her work on telomeres, biology and cancer and to Dr Lynette Denny, for her work on screening and early detection of cervical cancer in Africa.

As part of the 50th anniversary celebrations, the Agency had launched the "50 for 50" initiative, with 50 future leaders in cancer research from 36 LMICs attending the conference, receiving training from world-leading experts and taking part in networking events. An online network had been created, which must now be maintained and expanded.

The Agency had been the co-organizer of the World Indigenous Cancer Conference, held in Brisbane, Australia, in April 2016. The fourth IARC Cancer and Society lecture had taken place in February 2017: Ms Karin Holm of Switzerland, a breast cancer survivor, had spoken on "patient power for better research: I can, we can".

The Agency worked continually to improve access to the information it held. The Global Cancer Observatory, accessible from both the Agency and the WHO websites, provided up to date information from high-quality cancer registries on the global cancer burden, which could be presented in various ways. In due course, the Observatory would also provide information about cancer patterns over time and projections for the future. It enabled scientists to identify patterns in cancer incidence in relation to exposure to various risk factors for individual countries: a category of information recently added was that of cancer attributable to infections.

Another innovation was the International Cancer Survival Benchmarking website,[1] which provided rare and valuable data on cancer survival from 20 countries and 60 cancer registries in Africa, Asia and Latin America.

[1] http://survival.iarc.fr/

The third International Incidence of Childhood Cancer study (IICC-3) had investigated over 380 000 cases of cancer in children and young people aged 0 to 19 years in 62 countries between 2001 and 2010. The study had been reported in *The Lancet Oncology*, and an IARC Monograph would be prepared in due course. The most common cancers in the younger groups were leukaemia and tumours of the central nervous system. Cancer rates had increased in sub-Saharan Africa, although that was probably due to improved detection and diagnosis. The collaboration between the Agency, the Network of National Cancer Institutes in Latin America (RINC) and cancer registries in central and southern America had resulted in the publication of 17 peer-reviewed multi-authored papers, in a single volume of the journal *Cancer Epidemiology*, involving many authors from the region who had not necessarily published widely globally. Funding granted by the Governing Council had been used to provide Open Access to the research for other LMICs. The Agency had also collaborated with RINC and the Pan American Health Organization in discussing the preparation of a set of evidence-based cancer prevention messages tailored to the population of the Latin American and Caribbean region.

Under the Global Initiative on Cancer Registry Development (GICR), six regional hubs had been created to support the development of cancer registries. Regional trainers had been selected and provided with support, and a mentorship programme had been created. E-learning resources and a best-practices portal were being set up.

He gave brief details of highlights of the evidence produced by the Agency during the year. One study had investigated the loss of productivity in the BRICS countries (Brazil, Russian Federation, India and China) due to premature deaths from cancer, which was estimated at US$ 46.3 billion in 2012. Another study had investigated mammographic density, a significant risk factor for breast cancer, in 12 000 women in 22 countries, disaggregated by ethnic group, and had identified effects attributable to increasing age and the menopause across multiple groups. A study of cancer risk in relation to the length of time the subject had been overweight or obese had provided data on the relative risk for every 10 years that the subject had been overweight or obese, in relation to 10 different cancers. For example, the length of time a woman was overweight had been shown to be associated with her risk of developing endometrial cancer. Such studies were examples of the Agency's research into the influence of lifestyle factors, which was valuable for public health decision-making.

A number of notable studies during the year had dealt with head and neck cancers. One had investigated global incidence attributable to HPV: in addition to the well-known association between HPV infection and cervical cancer in women, the study had shown that 80% of oropharyngeal cancers attributable to HPV infection occurred in men. A genetic association study of 13 000 people had shown a specific HLA haplotype linked with a reduced risk of oropharyngeal or cervical cancer in persons testing positive for HPV. Another study, the Golestan cohort study, had expanded on work done since the 1970s on the extremely high rate of oesophageal cancer in the north of the Islamic Republic of Iran. Analysis of data from 300 new cases of oesophageal cancer was due to begin later in 2017, and the same cohort had been used for other studies of cancers and other noncommunicable diseases. A larger "Persian cohort" comprising an additional 180 000 adults across the country was due to finish recruiting in 2018.

The Agency had received a grant of £20 million from Cancer Research UK to investigate the causes of cancer using mutational signatures. The main goal was to identify the mutational signatures of 5000 cancers in five cancer types across five continents. Cancer mutographs were increasingly used in the growing field of personalized medicine, but risk factors varied greatly in different parts of the world. It was hoped that the use of such genetic techniques in public health research would help to explain the etiology of various cancers.

Turning to the Monographs programme, he drew attention to the recently published Vol. 116, which had determined that the consumption of coffee was not classifiable as to its carcinogenicity to humans, since the available evidence was not sufficient to draw a conclusion. The consumption of very hot beverages (hotter than 65°C) had been classified as probably carcinogenic to humans.

In the area of prevention, the ongoing evaluation of girls in India who had received between one and three doses of HPV vaccine had now been extended to investigation of the persistence of HPV infection at the time of the girl's marriage and/or the birth of her first child. It had been shown that none of the girls vaccinated had persistent HPV, irrespective of the number of doses they had received. WHO had, accordingly, changed its recommendations: the Organization now recommended that young girls could receive either two or three doses of HPV vaccine.

The ESTAMPA study, a multicentre study of cervical cancer screening and triage with HPV testing in Latin America, had now screened over 18 000 women at 11 centres. A total of 91% of those testing HPV-positive had subsequently undergone colposcopy. The programme provided not only research data, but also capacity building for health professionals in the region, which should ensure better treatment.

Another HPV research study, the REACH Bhutan study of HPV screening in rural areas, had involved self-sampling for HPV testing by over 3600 women attending 15 basic healthcare units in Bhutan. The research had found that participation in the programme was significantly influenced by the walking distance between the woman's home and the health unit, especially in the case of older women. The study provided evidence on the best ways of implementing cancer screening, but it was also essential to address the national capacity to treat women who were found to have precancerous lesions. A modelling study of projected cervical cancer incidence in Latvia and the Russian Federation, comparing no intervention with a screening programme (deemed to have been introduced in 2017, for the purposes of the model), had shown a projected reduction of 50–60% in cervical cancer rates by 2040.

The eradication of infection with *Helicobacter pylori* had not yet been investigated in enough depth to warrant specific public health recommendations. The Agency, in collaboration with the Government of the Republic of Korea, had launched a trial of eradication of *H. pylori* (the HELPER study) as part of the national gastric cancer programme – an example of the addition of a research component to national programmes. The research had already shown that DNA methylome changes in the gastric mucosa were associated with *H. pylori* infection and cancer risk.

The Agency had undertaken a number of studies funded by the European Commission and the United States Centers for Disease Control, including a platform for the proposed Cancer Screening in Five Continents series of publications. Other new publications included two further volumes in the IARC Handbooks of Cancer Prevention series (Vol. 15 on breast cancer screening and Vol. 16

on body fatness) and two further volumes in the WHO Classification of Tumours Series (the "Blue Books") on head and neck tumours and tumours of the endocrine organs, respectively. The latter, published in January 2017, had already sold over 7000 copies. The Secretariat was considering ways of making the Blue Books more affordable for LMICs, for instance e-publishing formats or sponsorship of publications by an external donor. A new IARC website, Exposome Explorer,[1] gave detailed information on biomarkers of exposure to environmental risk factors.

The Agency provided further support for LMICs in the area of biobanking, and was involved in the Bridging Biobanking and Biomedical Research across Europe and Africa project (B3Africa) and the Biobanking and Biomolecular Resources Research Infrastructure–European Research Infrastructure Consortium (BBMRI-ERIC). The Agency's own BCNet initiative had put on a training course in Indonesia in best practices for establishing and maintaining biobanks in LMIC institutions and had also provided training for personnel upstream and downstream of biobanking, including pathologists and technicians. A technical publication, *Common minimum technical standards and protocols for biobanks dedicated to cancer research,*[2] had been published earlier that month and was free to download in PDF format.

Turning to education and training, he noted that the number of IARC fellows had decreased because of a loss of funding from the European Commission. The IARC Summer School on Cancer Epidemiology had not taken place in 2016 owing to budget constraints and a conflict of dates with the 50th anniversary conference. However, more courses were now being held away from the Agency's premises, on subjects such as cancer registration and cancer screening. A great deal of "hidden" training also took place, as collaborators and Early-Career Scientists took part in the Agency's research activities. The Screening Group had conducted 69 courses for over 1700 students between 1999 and 2017, in collaboration with local experts.

In its efforts to influence the international cancer agenda, the Agency acted as the Secretariat for Cancer Prevention Europe, a network of European cancer research centres. The network lobbied for funding for cancer research, coordinated activities, research and training and worked to translate research data into effective treatments.

The impact of the Agency's publications was measured using the independent Mapping Scientific Excellence comparison tool, based on the best paper rate (the 10% of most cited publications in the relevant subject area) and the best journal rate (the ratio of papers published in the top 25% of journals in the relevant subject area). In the first category, the Agency had been ranked 21st out of 1676 institutions in the medicine category, i.e. in the top 1.3% worldwide; in the second category, it had been ranked 31st of 1676 institutions, i.e. in the top 1.8% worldwide.

In conclusion, he felt that it was essential for the Agency to continue recruiting high-quality scientists and ensuring high-quality leadership. The Governing Council's unswerving support would ensure that the next Director of the Agency would enjoy the best possible operating environment. Infrastructure was an ongoing concern: he thanked the Government of France for its continuing

[1] http://exposome-explorer.iarc.fr

[2] Common minimum technical standards and protocols for biobanks dedicated to cancer research. Lyon, International Agency for Research on Cancer, 2017 (IARC Technical Publications Series, No. 44; http://publications.iarc.fr/Book-And-Report-Series/Iarc-Technical-Publications/Common-Minimum-Technical-Standards-And-Protocols-For-Biobanks-Dedicated-To-Cancer-Research-2017).

support for the Nouveau Centre project. He would keep the Governing Council fully informed of progress in the joint arrangements for public communication currently under discussion with WHO. He would continue to streamline and refine administrative procedures to achieve even greater efficiency, with the able assistance of the Director of Administration and Finance.

The shortage of funding was a serious problem which restricted what the Agency could achieve. An increase in funding could be achieved in ways other than increasing the assessed contributions paid by the current Participating States: negotiations with three potential new Participating States, China, the Islamic Republic of Iran and Kuwait, were well advanced. The Agency had signed contracts for research funding to the amount of €28 million, of which the share coming directly to the Agency was €10 million. It was thus highly effective in attracting research funding both for itself and other partners.

The Agency currently had €10–12 million of annual extrabudgetary expenditure, won by competitive bidding, in addition to the assessed contributions paid by Participating States. Those extrabudgetary contributions paid for approximately 40% of the scientific programme. He would continue to seek extrabudgetary funding wherever possible, but less funding was available overall and, increasingly, the Agency was not eligible to apply for some schemes.

The potential sources of funding available to the Agency were, therefore: assessed contributions from Participating States; extrabudgetary funding, where the aim was to maintain the current level as far as possible; and, potentially, funding from non-State actors in compliance with the WHO Framework of Engagement with Non-State Actors (FENSA). He called upon Governing Council members to suggest creative ways in which the Governing Council could help the Agency to secure the funding it needed to implement its scientific programme.

Professor MELBYE (Denmark, Vice-Chairperson) noted that IARC had a mission to educate scientists, particularly those from LMICs, in addition to its research mandate.

Dr RIVEDAL (Norway) expressed his appreciation of the Agency's activities and its unique role on behalf of LMICs.

Mr YAMAYA (Japan) said that the success of the Agency's efforts to mobilize the resources it needed depended on its credibility among Member States and the public. The conclusions of the Monograph working group on the carcinogenicity of glyphosate were inconsistent with those of another United Nations body, the Joint FAO/WHO Meeting on Pesticide Residues. The controversy surrounding the two Monographs referred to by the Director had confused the public and damaged the reputation of both WHO and the Agency. He called upon both agencies to submit an agreed draft of the standard operating procedure for the conduct of future Monograph evaluations, referred to in paragraph 97 of Document GC/59/2, to the Governing Council for its approval at the following session.

The SECRETARY, responding to the member for Denmark, said that, while a great deal of training still took place, the structure of training activities had changed: the proportion of fellowships funded from the regular budget had decreased because more postdoctoral posts were now funded from extrabudgetary resources. The cancellation of the IARC Summer School in 2016 and the loss of European Commission funding had also affected training for fellows from both developing and developed countries.

Responding to the member for Japan, he noted that the scientific evidence on the adverse effects of consumption of processed and red meat was clear: the problem was to communicate that evidence effectively to policy-makers and the public. WHO attended the Monograph meetings, but more high-level consultation was required at an earlier stage to coordinate dissemination of the findings. In the case of glyphosate, a great deal of pressure had been exerted by commercial interests, but the scientific evidence was strong, and there had been no conflict of interest within the Monograph working group. A standard operating procedure between the Agency and WHO had been discussed in early 2016 but not finalized. Discussions on the operating procedure, and the principles underlying it, were continuing at the highest level and the procedure would be published soon. However, he wished to stress that the ultimate responsibility for the Monographs programme remained with himself, as Director. The Governing Council would be kept fully informed.

Dr CHESTNOV noted that the relationship between WHO and the Agency was now being discussed by many WHO Member States, not only those which were also Participating States of the Agency. The two Secretariats could discuss the issue and make proposals, but the final decisions lay with Member States.

Professor RICCIARDI (Italy) said that financial and economic arguments, such as the impact of ill-health on a country's gross domestic product, were the ones which ministries of finance would understand. His country was the coordinator of a European Union project entitled Transfer of Organisational Innovations for Resilient, Effective, Equitable, Accessible, Sustainable and Comprehensive Health Services and Systems (TO-REACH), which might provide a useful model of communication with sectors other than health.

Dr BABBS (United Kingdom of Great Britain and Northern Ireland) commended the Agency for the valuable and robust evidence it provided, particularly the data visualization tools provided by the Global Cancer Observatory.

Dr ROBBINS (Canada) likewise praised the breadth and depth of the Agency's research. He drew attention to the research funding which was available to investigate cancer in indigenous peoples. The second World Indigenous Cancer Conference was scheduled to take place in Canada in 2018.

The SECRETARY said that there had been little analysis and presentation of basic cancer data on this topic, particularly in LMICs.

Dr MAMACOS (United States of America) said that it was important to expand cancer networks to ensure broader participation by patients and by representatives of indigenous peoples.

Dr JOHNSON (Observer, Union for International Cancer Control) noted that the draft resolution on cancer research which was due to be discussed at the World Health Assembly the following week placed great emphasis on research and high-quality population-based data, and asked how it might influence the Agency's activities.

Dr BELAKHEL (Morocco) drew attention to her country's collaboration with the Agency to improve access to simple, reliable and low-cost screening for cervical and breast cancer and improve cancer surveillance and registration. Morocco now supported such activities in other African countries.

Professor IFRAH (France) commended the Agency's efforts to share data with researchers all over the world.

Dr SEREDA (Russian Federation) said that Member States should align their national policies and programmes with the Agency's research findings. She looked forward to the Agency's contribution to the IARC Conference on Prevention and Control of Professional Risks caused by Carcinogenic Substances and Agents, which would take place in parallel with the VI. All-Russian Congress of Occupational Health Physicians, in St Petersburg, Russian Federation, in September 2017.

The SECRETARY paid tribute to the contribution of hundreds of national partners to the Agency's research and expressed his appreciation for the support of the host country, France, in the Agency's applications for national research funding and for the contribution of Morocco to new collaborations in northern Africa.

The draft resolution on cancer to be discussed by the World Health Assembly the following week called for the preparation of a world report on cancer oriented towards public health and policy in the context of an integrated approach, which would give the Agency a valuable opportunity to contribute to WHO's work. He had been encouraged by the support expressed by the WHO Executive Board for a draft resolution specifically devoted to cancer.

The RAPPORTEUR read out the following draft resolution, entitled "Director's Report" (GC/59/R1):

The Governing Council,
Having reviewed the Director's Report (Document GC/59/2):
1. THANKS the Director for the Report and for the standard set of data at the end of his Report;
2. REQUESTS the Director to continue this standard reporting on an annual basis; and
3. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted.**

6. REPORT OF THE FIFTY-THIRD SESSION OF THE SCIENTIFIC COUNCIL: Item 6 of the Agenda (Document GC/59/3)

DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE FIFTY-THIRD SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda (Document GC/59/4)

Professor KAMPMAN (Outgoing Chairperson, Scientific Council) introduced the report of the Fifty-third session of the Scientific Council, illustrating her remarks with slides.

During its consideration of the Director's report, the Scientific Council had discussed the evaluation process for the IARC Monographs: members were convinced of the high scientific quality of the Agency's work and had been surprised by the public criticism of the Monographs on glyphosate and consumption of red meat. The Scientific Council had established that individual members of the Monograph working groups could call upon the legal teams of the Agency and WHO if they required legal advice in connection with their membership. It had recommended that the communication of Monograph findings to the public should be coordinated with WHO at an earlier stage than at present. It was important to make it clear that the Monographs assessed the hazards associated with a particular substance (i.e. whether the substance could potentially cause harm), not the risk (i.e. the probability that the substance would actually cause harm to humans).

The Scientific Council had approved the proposed framework for evaluating the implementation of the Agency's Medium-Term Strategy, stipulating that it should be complementary to, and supported by, peer-review evaluation of individual research sections. The indicators should be chosen to ensure maximum efficiency and synergy with existing monitoring systems. A review of the first half of the implementation period would take place in 2018.

The Scientific Council had held a discussion with the Director and the Director of Administration and Finance on the implications for the operation of the Scientific Council of further increases in the number of Participating States. On the issue of funding, members had noted that competitive grants from charities, foundations and national governments were a major source of funding for the Agency. The possibility of greater participation by non-State actors was discussed, although members had agreed that freedom from conflicts of interest was a major strength of the Agency and must be preserved.

Members had been impressed by the high quality of the research demonstrated by staff in a poster session. They had endorsed the Director's plans to enhance capacity in bioinformatics in the short to medium term in view of the Agency's growing needs.

The Scientific Council was greatly concerned by the state of the Agency buildings, which threatened to jeopardize the continuity of its operations. The worst-case scenario of a move to temporary accommodation pending the completion of the Nouveau Centre site should be avoided if at all possible. The projected budget deficit associated with the move was a cause for concern: fundraising would be required over the next five years to avoid it. Members had supported the proposal to equip the Nouveau Centre site with a fully automated biobanking and state-of-the-art IT and laboratory facilities.

The Scientific Council had supported the proposed allocation of €700 000 from the Governing Council Special Fund to upgrade scientific computing capacity and the next-generation sequencing platform and to install an automated system to study cancer chromatin at the genome-wide level. The annual maintenance costs of that equipment would be covered from the regular budget and grants from collaborative programmes.

Members had agreed that the Agency's Open Access policy had had a positive effect on barrier-free access to the Agency's research. They had supported the strategy to promote Open Access publishing, to be financed by an annual allocation of €50 000 from the Governing Council Special Fund. Given that the funds approved under GC/57/R11 are considered sufficient to cover 2017 and 2018, the Secretariat has decided not to request additional funds from the GCSF for this purpose at this time, on the understanding that the available funds from 2017 may be carried forward to 2018. It is envisaged that a request for additional funds for 2019 onwards will be presented to the Governing Council at its 60th session supported by a report on the results from the first three years of this initiative.

The Scientific Council supported the proposed programme and budget for the biennium 2018–2019, which was consistent with the Medium-Term Strategy and relied less heavily on payments from the Governing Council Special Fund. Even if the programme and budget were adopted as proposed, the Agency would still be very dependent on outside sources of funding: any reduction would impose further pressure on its ability to deliver the scientific programme. Members had emphasized the importance of the additional high-priority projects identified by the Director and had encouraged Participating States to consider making additional voluntary contributions to those projects.

The Scientific Council had reviewed the Sections of Cancer Surveillance and Environment and Radiation. In both cases, it had found the Sections' work to be outstanding in scientific quality and a perfect fit to the mission of the Agency. The Director's response to the review of the Section of Genetics in January 2016 had been well received. The forthcoming review of the Section of Nutrition and Metabolism would be conducted by Professor Kampman and Dr Chang-Claude and the review of the Section of Early Detection and Prevention by Dr Green and Dr Mutlu Hayran.

Professor URSIN (Incoming Chairperson, Scientific Council) said that the activities covered by the proposed programme and budget were essential because Participating States needed to know more about the situation of cancer, not only in their own country but also in other countries,

particularly those where strong cancer registries and other sources of information had not yet been established. More knowledge was needed about cancers caused by infections, environmental exposure and other factors, and it was not always possible to find competitive grant funding to finance the necessary research.

The SECRETARY thanked the Scientific Council for its comments and recommendations. The Secretariat was keen to make the Scientific Council sessions as interactive as possible and benefit from members' expertise. In future, it was planned to hold parallel sessions on a number of priority themes. Funding had already been allocated for the Open Access publishing project, which would continue until 2018. The restructuring of bioinformatics capacity, for which additional funding had been requested, would place the programme on a sound footing for the next three years. He welcomed the Scientific Council's positive comments about the two sections which had been reviewed.

He expanded further on the procedure for the selection of substances to be evaluated in the Monographs series. The process began with a public call for suggestions, also sent to members of the Governing and Scientific Councils. An international advisory group then considered a list of candidate substances for the coming five years, which was published in *The Lancet Oncology*. The Secretariat decided on the precise timing for consideration of the chosen substances in the light of the current state of scientific knowledge. The Monograph working groups, made up of the leading scientists in the field concerned, studied the scientific literature in advance, and then met for an eight-day session in which representatives of regulatory agencies and industry also participated. Any experts divulging a potential conflict of interest were either not invited to join the working group at all, or participated as non-voting experts. It was a transparent and tightly regulated procedure.

Since the meeting of the working group on glyphosate, an unprecedented level of pressure had been exerted on both the Monograph process itself and the people involved, going as far as freedom of information requests and legal proceedings. Critics of the Monographs did not always acknowledge that the Monographs identified hazards, rather than the size of risk of cancer resulting from that hazard.

In response to the challenges listed above, he intended to improve the coordination of public communication between the Agency and WHO from the earliest stages of consideration of a candidate substance, respond to scientific criticism in the scientific press, provide legal support for Monograph working group members if necessary and –as far as staffing constraints permitted– publish information and explanations on the Agency's website. The final selection and timing of evaluations should continue to rest with himself, since he was responsible to the Governing Council and to the extrabudgetary funders who provided half the funding for the Monographs programme.

The meeting rose at 13:00.