International Agency for Research on Cancer

World Health Organization

Governing Council **GC/57/14**
Fifty-Seventh Session 30/03/2015

Lyon, 13–14 May 2015
Auditorium

ACCEPTANCE OF GRANTS AND CONTRACTS, INCLUDING REPORT ON INTEREST APPORTIONMENT

1. Post facto reporting

The Governing Council is invited to note the post facto reporting of grants and contracts accepted by the Director over €100 000 per annum, including sums passed to third parties, as detailed below.

Section of Cancer Surveillance (CSU)

1.1 Project title: **Global Initiative for Cancer Registry Development (GICR)**

As part of its remit, IARC promotes and enables the continued expansion and improvement in the extent and quality of cancer registration in low- and middle-income countries (LMICs). To ensure the appropriate capacity and expertise relative to the scope and ambition of the undertaking, a key instrument is the development of a number of regionally-based resource centres, designated as IARC Regional Hubs for Cancer Registration. Currently, Hubs have been launched in Mumbai, Africa, Izmir and Buenos Aires to support registries in Asia, Africa and Latin America; two additional Hubs are under discussion for the Caribbean and Pacific Island regions. With IARC maintaining a coordinating role, the aim of such Hubs is to provide the necessary support, advocacy, consultancy and training for those working in the field of population-based cancer registration within these designated regions.

Previous collaborations with the National Cancer Institute have been instrumental in achieving progress in the Hubs, most notably through the establishment of four reference centres in LMIC regions. To further evolve the pace and scope of planned activities, several areas of mutual interest have been identified under this agreement. These areas include the acceleration of the Latin America Hub and support to Hub activities in South, East, and South Eastern Asia.

Donor:	National Institutes of Health/National Cancer Institute (NIH/NCI), USA
Duration:	12 months
Funds for IARC:	€170 775 (US$ 225 000)
Funds for partners:	-
Total:	€170 775 (US$ 225 000)
Partners:	**n/a**

1.2 Project title: **Making cancer data count: IARC strategies to support the development of population-based cancer registries in LMICs to inform cancer control planning**

Linking in with the global political agenda tackling noncommunicable diseases (NCDs), GICR is a multi-partner initiative coordinated by IARC providing measurable improvements in the coverage, quality and networking capacity of cancer registries in LMICs. Officially designated as IARC Regional Hubs for Cancer Registration, the centres aim to accelerate the availability and enhance the quality of data to inform national cancer control policies.

The four activities below focus on strategic development of the GICR and the Regional Hubs, the delivery of targeted training courses to develop local expertise, and the production of accompanying tools to enhance global statistics and assist with the planning and operations of cancer registry systems in LMICs defined in six Hub regions (1. Sub-Saharan Africa, 2. Northern Africa & Central and Western Asia, 3. Southern, Eastern and South-Eastern Asia, 4. Latin America, 5. The Caribbean and 6. The Pacific Islands):

In order to ensure coordination and shared expertise across the Regional Hubs, IARC coordinates a Hub Executive (HEX) whereby the principal investigators of the Hubs, IARC staff and other experts are able to exchange ideas and experiences to ensure best practice across the Hub network. Two HEX meetings are covered by this agreement.

CanReg5 is an open source tool developed and maintained by IARC and that registries in LMICs can adopt as their operation system. It handles multiple sources of data entry, has quality control features and allows a basic analysis of the data. This agreement covers a training course in Lyon in 2015 to develop a set of advanced CanReg5 trainers targeted across the Hub regions.

The recently-developed IARC Technical Report “Planning And Developing Population-Based Cancer Registration In Low And Middle Income Settings” provides a concise ‘cookbook’ for health planners on how to develop registries in resource-constrained settings. There is however a critical need to provide a comprehensive overview of the principles and methods of cancer registration including registration practices, statistical analysis and dissemination for all registries worldwide. The second edition of the “Cancer registration, principles and methods”, published 20 years ago, urgently requires update. Under this agreement, four editorial meetings will be organized in Lyon in 2015 and 2016 to develop the third edition, which will incorporate material from various recent publications and would expand considerably on the chapters covering “statistical methods for cancer registries”.

Cancer Incidence in Five Continents (CI5) is a prestigious publication for IARC and for registries included in a given volume, and is a major resource for understanding patterns and trends of cancers worldwide. The necessary data quality imposed by the CI5 Editors often limits registries from resource-challenged settings contributing in the short-term. To provide an alternative means of disseminating results and to foster networks, continental reports will be produced using all available data within each Hub region. This will require explanations of data quality issues and limitations in making comparisons as part of the discussion within the documents. Four continental reports will be produced as IARC Technical Reports aligned to Hub regions. The reports will be linked with CI5 and involve respective Hub Advisory Committees as the Editorial

Board. A call for CI5 data is planned for May 2015 for a planned three-year cycle targeting completion in late 2017. Four Editorial meetings in four Hub regions will be organized.

Donor:	Medical Research Council (MRC), United Kingdom
Duration:	12 months
Funds for IARC:	€146 900 (US$ 166 553)
Funds for partners:	-
Total:	€146 900 (US$ 166 553)
Partners:	**n/a**

Section of Environment and Radiation (ENV)

1.3 Project title: **Oesophageal cancer in West Kenya**

Cancer of the oesophagus (being squamous cell carcinoma in a majority of cases) is one of the most frequently diagnosed cancers in parts of East Africa, yet this cancer is extremely rare in West Africa. West Kenya, a region at altitude in Africa's Rift Valley, is one of East Africa's endemic areas. Typically patients are diagnosed at very late stages, and prognosis is extremely poor. No large-scale studies have been conducted to systematically investigate the potential causes of this cancer. Building on a successfully conducted pilot case-control study, we will expand this study to investigate potential risk factors for the disease, including alcohol, tobacco, exposures to indoor pollution and hot beverage drinking.

We also aim to investigate a novel hypothesis that micronutrient deficiencies may contribute to the disease in this area. The striking co-location of the East African oesophageal cancer belt with the African rift valley, the soil geochemistry of this area and a reliance on a locally-sourced cereal/plant based diet gave rise to this hypothesis. However, as oesophageal cancer patients have severe solid and liquid dysphagia at diagnosis, their biomarker levels are not useful markers of long-term exposures. Instead we will evaluate whether nutrient levels in a household member can be used to approximate the patient's usual nutrient levels before they were ill.

The factors being studied are all modifiable, thus if they are found to be causes of oesophageal cancer in West Kenya, interventions to reduce risk could be advocated.

Donor:	National Institutes of Health/National Cancer Institute (NIH/NCI), USA
Duration:	24 months
Funds for IARC:	€139 937 (US$ 164 632)
Funds for partners:	€77 360 (US$ 91 012)
Total:	€217 297 (US$ 255 644)
Partners:	Moi University, Kenya €77 360 (US$ 91 012)

Biomarkers Group (BMA)

1.4 Project title: **Inflammation, endogenous hormones, and risk of differentiated thyroid carcinomas**

The incidence of thyroid carcinomas has been rapidly increasing over the last 20–30 years in many Westernized countries, becoming the second cancer after breast in young women. A large part of the increase has been due to diagnostic improvements but other changes may be involved. The only well-established risk factors for differentiated thyroid carcinomas (TC) (the most common forms of TC) are exposure to ionizing radiations (especially during childhood), and history of benign thyroid disease, notably goitre and benign nodules. However, increasing evidence suggests that body mass, including height and obesity, may also be involved in differentiated TC etiology in both men and women. The mechanisms that may explain this association are nevertheless still ill-understood but they may include inflammation or sex hormones. Obesity is associated with increased low-grade chronic inflammation in both men and women, as well as with increased circulating estrogens and androgens and in women, and reduced circulating androgens, and increased estrogens, in men. In vitro studies suggest that an inflammatory component is frequently observed in thyroid tumours, and that thyroid tissue is responsive to estrogen stimulation. In this project, we propose to investigate whether the association between obesity and risk of differentiated TC may be mediated by inflammatory factors and/or endogenous sex hormones.

Specifically we aim to investigate whether pre-diagnostic concentrations of leptin, adiponectin, C-reactive protein (CRP) and interleukin 6 (IL-6), markers of insulin resistance and inflammation, are associated with the risk of differentiated TC in both men and women; to investigate the association between pre-diagnostic concentrations of estrogens, androgens and sex hormone binding globulin with differentiated TC risk in men and women; to assess whether anthropometry, lifestyle factors (as smoking, physical activity), gender, histological type (papillary/follicular) modify cancer risk; and to assess the relationship between anthropometric factors, leptin, adiponectin, CRP, IL-6 and endogenous sex steroids with thyroid hormone levels, and other lifestyle factors (as smoking), in controls.

To do so, we propose to undertake a case-control study nested within the large European Prospective Investigation into Cancer and nutrition (EPIC) cohort. In this cohort, baseline questionnaire data, anthropometry measurements and biological samples were collected from the vast majority of study participants. So far, 357 first primary incident differentiated TC cases in subjects who gave a blood sample at recruitment have been identified (300 women and 57 men). In 2014, a new update of end-point data will be undertaken, and we expect to have approximately 470 cases in women (among whom about 140 premenopausal and 160 postmenopausal, with no exogenous hormone use at blood donation), and 130 in men with biological specimens available. For each TC case, two controls for women, and three controls for men will be chosen at random among cancer-free cohort participants, using an incidence density sampling design and matched to the cases according to pertinent variables. Biomarkers will be measured on serum samples using previously validated, commercially available immunoassays. Relative risk of differentiated TC by level of each biomarker will be estimated using conditional logistic regression. Multivariate logistic regression model will be used to examine to what extent thyroid cancer development can be explained by variations in blood concentrations of cytokines,

inflammatory factors and endogenous sex hormones. To our knowledge, the proposed study would be the first prospective study conducted on this topic.

Donor:	Institut National du Cancer (INCa), France
Duration:	24 months
Funds for IARC:	€334 688 (US$ 418 884)
Funds for partners:	-
Total:	€334 688 (US$ 418 884)
Partners:	**n/a**

Cancer Susceptibility Group (GCS)

1.5 Project title: **Tumour Epstein-Barr virus status – a component in future risk adapted Hodgkin lymphoma therapy**

Modern Hodgkin lymphoma (HL) therapy faces two challenges. While the vast majority of patients are cured, treatment has serious side effects to an extent where more patients with early stage disease succumb to treatment than to disease or have significant morbidity later in life, for example by secondary cancers. Other patients do not respond favourably to first-line treatment. This implies that current first-line therapy leads to over-treatment of some patients and under-treatment of others and the need for precise risk stratification and response prediction to improve management of this morbidity is evident. In this context, the prognostic significance of presence or absence of Epstein-Barr virus (EBV) in the malignant HL cells in the context of patient immune constitution, first and foremost genetic variation within the HLA genes, is relevant to explore.

Taking advantage of a series of Danish nation-wide registers, all patients diagnosed with Hodgkin lymphoma in Denmark in the period 1990–2010 have been identified, and complete information on outcome and vital status has been obtained through register linkages. All available tumour biopsies from the identified cases have been collected and tissue micro-arrays have been constructed for EBV-status and other classification. DNA has been extracted by standard techniques from biopsies for a random representative subset of patients and for all patients not included in this subset, who died from their lymphoma; in total in the order of 1000 patients.

All tumours will be characterized for the presence of EBV by immune-histochemical staining for LMP-1 and EBER in situ hybridization. We will ascertain HLA genotypes by using single nucleotide polymorphisms and imputation techniques as indirect proxies. Additional candidate non-MHC genetic variants previously suspected to be involved in HL will additionally be genotyped. The prognostic significance of tumour EBV status and immune-constitution will be analysed in a case-cohort design.

Donor:	Statens Serum Institut (SSI), Denmark
Duration:	12 months
Funds for IARC:	€105 966 (US$ 144 171)
Funds for partners:	-
Total:	€105 966 (US$ 144 171)
Partners:	**N/A**

Prevention and Implementation Group (PRI)

1.6 Project title: Multicentric study of cervical screening and triage with human papillomavirus testing (ESTAMPA)

HPV testing for primary cervical cancer screening of women over 30 years of age is likely to become the standard of care in the near future in many areas of the world. Its high sensitivity can significantly improve the effectiveness of screening programmes and its prolonged negative predictive value can allow extension of screening intervals. However, a single HPV test has low positive predictive value and can lead to unnecessary workup and overtreatment and generate unnecessary distress. Thus, in areas where HPV testing is used for primary cervical screening, either with or without concomitant cytology, there is a clear and pressing need to define proper triage methods for women who are HPV-positive.

Previous collaborations with the World Health Organization (WHO) have allowed us to set up a Multicentric screening study among 50 000 women from several Latin American countries to compare visual, cytological, and molecular triage methods, or combinations of these methods, in terms of their performance and cost-effectiveness among HPV-positive women participating in HPV-based cervical screening programmes. This agreement will allow us to continue this study.

Donor:	World Health Organization (WHO), Switzerland
Duration:	14 months
Funds for IARC:	€416 197 (US$ 528 840)
Funds for partners:	-
Total:	€416 197 (US$ 528 840)
Partners:	**n/a**

1.7 Project title: An Implementation Study on rapid HPV testing in Tanzania (AISHA)

In 2005, the WHO together with the Ministry of Health and Social Welfare (MoHSW) and other partners strengthened health care settings in Tanzania to implement cervical cancer screening and treatment based on VIA and cryotherapy. These demonstration sites and others identified by the MoHSW were considered ideal as the basis for conducting operational research to introduce new rapid HPV DNA-based screening tests for cervical cancer (careHPV™) to improve cervical cancer prevention programmes. With VIA operating at the primary, district and regional levels of the health care system, the field performance of rapid HPV testing will be assessed in a variety of settings to determine its overall impact on programme performance. If rapid HPV testing is shown to enhance cervical screening performance, it could be introduced into the existing infrastructure as part of a comprehensive and sustainable cervical cancer control strategy and programme supported and led by the MoHSW and the government in Tanzania.

To assess the reproducibility, feasibility, and acceptability of rapid HPV testing at each level of the health system and to determine if it is able to perform as intended, we are conducting the AISHA study (**A**n **I**mplementation **S**tudy on rapid **H**PV testing in T**A**nzania). Additionally, the use of VIA and rapid HPV testing in the follow-up of treated women will be assessed at a one-year follow-up visit.

Donor:	World Health Organization (WHO), Switzerland
Duration:	20 months
Funds for IARC:	€192 446 (US$ 264 712)
Funds for partners:	-
Total:	€192 446 (US$ 264 712)
Partners:	**n/a**

2. Prior approval for the extension of the grant to support the IARC Monographs

As per Resolution GC/19/R8[1], the Governing Council is invited to confirm its approval of the project for preparation of IARC Monographs on the evaluation of carcinogenic risks to humans, submitted to the National Cancer Institute, USA, whose five-year extension exceeds US$ 850 000 per annum, excluding sums passed to third parties.

IARC Monographs (IMO)

2.1 Project title: **Evaluation of Carcinogenic Risks to Humans**

The IARC Monographs on the Evaluation of Carcinogenic Risks to Humans represent an international expert-consensus approach to carcinogen hazard identification. The long-term objective is to critically review and evaluate the published scientific evidence for all carcinogenic hazards to which humans are exposed. These include chemicals, complex mixtures, occupational exposures, lifestyle factors, and physical and biological agents. National and international health agencies use the IARC Monographs as an authoritative source of scientific information and as the scientific basis for their efforts to control cancer.

Each IARC Monograph includes a critical review of the pertinent scientific literature and an evaluation of the weight of the evidence that an agent or exposure may be carcinogenic to humans. Agents are selected for evaluation based on evidence of human exposure and some evidence of carcinogenicity. Agents can be re-evaluated if significant new data become available. The programme also collaborates on scientific meetings on mechanisms of carcinogenesis and other topics pertinent to evaluations of carcinogenicity. A written Preamble to each volume of IARC Monographs describes the principles and procedures that are followed, including the scientific criteria that guide the evaluations. Each IARC Monograph is developed by a working group selected on two principles: to invite the best-qualified experts and to avoid real or apparent conflicts of interests. Working groups typically consist of 20–25 scientists from 10–12 countries, with expertise in cancer epidemiology, experimental carcinogenesis, and related disciplines. The working group meets to review and reach consensus on drafts prepared

[1] Resolution **GC/19/R8**: The Governing Council,
Having considered Document GC/19/8 and the addendum thereto;
Noting that the contracts listed have already been approved by the Council in the past but that the monetary limits stipulated in previous resolutions are likely to be exceeded when the contracts are next renewed,
1. DECIDES to authorize the Director to accept the following grants and/or contracts:
   (1) contract with the National Cancer Institute, USA in amounts not to exceed US$ 850 000 per annum for the preparation of Monographs on the evaluation of carcinogenic risk of chemicals to man;
   (2) grants and/or contracts with the National Cancer Institute, USA and/or other governmental sources in a total amount not to exceed US$ 500 000 per annum for a study on the significance of environmental carcinogenesis data to man;
2. EXPRESSES its thanks and satisfaction to the National Cancer Institute, USA. May 1980

by the experts before the meeting, and to develop and reach consensus on the evaluation. Later, IARC scientists review the text and tables to ensure their scientific accuracy and clarity, and the volume is edited and published. Funds are requested to support two of the three volumes produced each year.

Donor:	National Institutes of Health/National Cancer Institute (NIH/NCI), USA
Duration:	60 months
Funds for IARC:	€3 466 065 (US$ 4 295 000)
Funds for partners:	-
Total:	€3 466 065 (US$ 4 295 000)
Partners:	**N/A**

3. Prior approval for projects in collaboration with the private sector

The NCI Center for Global Health (NIH/NCI) launched a call for projects aiming at bringing technological solutions to improve cancer control in low- and middle-income countries (LMICs). Applications should aim to produce "a new generation of user-friendly, low-cost devices or assays that are clinically comparable to currently used technologies for imaging, in vitro detection/diagnosis, prevention or treatment of cancers in humans living in LMICs". The call specifically asked for an involvement of the private sector.

As this call is closely aligned to IARC's Medium-Term Strategy (see Document GC/57/7) building on existing areas of research, and the Agency's involvement could achieve real benefits for LMICs, IARC decided to submit two project proposals in March 2015. The collaborations with the private sector entities were formalized with Memoranda of Understanding (MoUs), following WHO practice for these types of situations. The collaborations rest on four principles: 1) in the case the development and testing phases are successful, the Companies pledge to produce the product to meet the ensuing demand, specifically for LMICs; 2) in the case the companies are not able to produce the necessary quantities, they agree to transfer all information and data as well as the sub-licensable license to IARC so that the product can be made available through other means; 3) the companies pledge to provide a favourable price negotiated with IARC/WHO to public sector entities in LMICs at the lowest possible commercially reasonable price; and 4) they agree to protect IARC from potential liabilities linked to manufacture, distribution, use or sale of the product. Based on this common understanding and the fact that the funding itself is from a public source (NIH/NCI, USA), IARC decided to go forward with the applications.

IARC had consulted WHO Legal Office on the private sector collaboration and the details of the MoUs and brought the project proposals to the attention of the Chairperson of the Governing Council prior to the submission to the donor.

Section of Early Detection and Prevention (EDP)

3.1 Project title: **Development, field testing and evaluation of the efficacy of a hand-held, portable and affordable thermo-coagulator to prevent cervical cancer in low- and middle-income countries**

Successful cervical cancer screening programmes have not been replicated widely in low- and middle-income countries (LMICs) for a variety of reasons but largely due to the expense of

laboratory based tests and colposcopy. Instead screen and treat programmes have been established relatively widely. These programmes are not trouble or cost free but are relatively inexpensive and successful. The most commonly used combination is Visual Inspection with Acetic acid (VIA) to screen and cryocautery to treat. Both of these have disadvantages. VIA overcalls abnormality relatively frequently and cryocautery is fraught with difficulties in gas supply both because it is variably expensive, variably available and difficult to transport. Furthermore the treatment time of 11 minutes in total for cryocautery is perceived as a relative problem compared to Thermal Coagulation or LLETZ, which take between 1 to 2 minutes to perform.

This project aims to improve screen and treat programmes by discovering the best method of treatment and by reducing the treatment of normal women. Specifically, it is intended to develop, test and produce 200 novel lightweight hand-held, cordless, portable, battery-driven and rechargeable Thermal Coagulators by one of the partners, Liger Medical LLC, Utah. Subsequently, we will evaluate the success rate of Thermal Coagulation in a randomized controlled trial comparing thermal coagulation to the existing current standard cryocautery and to Large Loop Excision of the Transformation Zone (LLETZ aka LEEP) as part of a screen and treat programme in Zambia. While doing so, we will evaluate the user satisfaction scores of the Liger Thermal Coagulator cryocautery and determine the rate of over treatment of VIA positive women as revealed by histopathological examination of the randomly assigned excised treatment cases.

Donor:	National Institutes of Health/National Cancer Institute (NIH/NCI), USA
Duration:	48 months
Funds for IARC:	€842 895 (US$ 946 010)
Funds for partners:	€1 371 693 (US$ 1 539 498)
Total:	€2 214 588 (US$ 2 485 508)

Partners:

International Federation for Cervical Pathology and Colposcopy (IFCPC), USA €0 (US$ 0)
LIGER Medical LLC, USA €186 032 (US$ 208 790)
University of North Carolina at Chapel Hill, USA €358 401 (US$ 402 246)
African Centre of Excellence for Women's Cancer Control, Zambia €827 260 (US$ 928 462)

3.2 Project title: **Development and clinical validation of a multi-type HPV E6-E7 oncoprotein test for cervical cancer screening and triage in low- and middle-income countries**

Cervical cancer remains a leading cause of cancer incidence and mortality in most low- and middle-income countries (LMICs). Although cytology based screening programmes have reduced cervical cancer mortality up to 80% in developed nations, these programmes have frequently failed in developing countries mainly due to the requirement of multiple visits to identify women at risk who require treatment. The low sensitivity of cervical cytology (around 50%) induces the frequent repetition of the test through lifetime screening; in addition, the complementary diagnosis with colposcopy-biopsy requires women to attend multiple visits in the short time to undergo proper treatment.

Recently, highly sensitive and reproducible laboratory techniques to detect carcinogenic HPV have been developed and approved by FDA as primary cervical cancer screening tests. Randomized clinical trials have demonstrated that HPV testing is more sensitive than cytology to detect cervical cancer precursors (around 90% vs 50%) and it has also been shown that HPV testing detects more disease at an earlier stage and induces a greater reduction in cervical cancer mortality. These technologies are changing screening practices in LMICs such as Mexico, Argentina, Colombia, and El Salvador.

Despite its advantages, HPV tests have a low positive predictive value; thus, they require additional diagnostic procedures (triage) to avoid overburden of colposcopy clinics or overtreatment if no confirmatory diagnosis is performed (see-and-treat programmes). Currently, the triage for positive women is done with cytology, which again, due to the low sensitivity produces a high recall rate, challenging screening programmes in low resource settings. At the moment none of the triage tests under investigation is suitable for screening programmes in LMICs due to the induction of high recall rates or high logistic or infrastructure requirements for its implementation. The development of a highly accurate, portable and user-friendly test will help improve outcomes of screening programmes in low resource settings.

We will use the platform of a cervical cancer research network already in place in Latin American countries (LAC) to: (Aim 1) develop and improve a HPV test based on E6/E7 oncoprotein activity for the 8 most common HPV types associated with cervical cancer; (Aim 2) assess the potential clinical performance of the 8-HPV type E6/E7-based OncoProtein Cervical Test by challenging it against the whole spectrum of disease's histological diagnosis in 800 samples; (Aim 3) asses the sensitivity and specificity of the test for the detection of cancer precursors among HPV positive women (triage) in 4500 women from the ESTAMPA study; (Aim 4) assess the potential of the test as standalone test for cervical cancer screening by using a sample of additional 1000 HPV negative women; (Aim 5) to compare the results (positive/negative) of the 8-HPV type E6/E7-based OncoProtein Cervical Test with HPV persistence and development of cervical lesions after 18 months of women follow-up; (Aim 6) identify differences in the performance of test in different settings by processing 4500 samples in three different labs in LAC; (Aim 7) identify operational requirements for scaling up cervical cancer screening programmes based on the 8-HPV type E6/E7-based OncoProtein Cervical Test by performing 1500 samples in real time in five different LAC; (Aim 8) describe differences in sensitivity and specificity between the original OncoE6TM Cervical Test that included oncoproteins for HPV 16 and 18 and the new 8-HPV type E6/E7-based OncoProtein Cervical Test.

Donor:	National Institutes of Health/National Cancer Institute (NIH/NCI), USA
Duration:	48 months
Funds for IARC:	€877 739 (US$ 985 117)
Funds for partners:	€2 176 071 (US$ 2 442 279)
Total:	€3 053 810 (US$ 3 427 396)

Partners:

Arbor Vita Corporation, USA €962 595 (US$ 1 080 347)
National Institute of Public Health, Mexico €110 316 (US$ 123 812)
Autonomous National University, Honduras €110 316 (US$ 123 812)
National University, Paraguay €110 316 (US$ 123 812)
Hospital of Clinicas Jose de San Martin, Argentina €110 316 (US$ 123 812)

National Institute of Infectious Diseases, Argentina €110 316 (US$ 123 812)
Honorary Commission of Fighting Against Cancer, Uruguay €110 316 (US$ 123 812)
Department of Social Security, Costa Rica €110 316 (US$ 123 812)
University of Antioquia, Colombia €110 316 (US$ 123 812)
Mayor, Real and Pontificial Univ.of S. F. Xavier Chuquisaca, Bolivia €110 316 (US$ 123 812)
Peruvian League Against Cancer, Peru €110 316 (US$ 123 812)
National Cancer Institute, Colombia €110 316 (US$ 123 812)

4. Interest income from grants

In accordance with the standing authorization provided to the Director under Resolution GC/55/R23 and the conditions set forth in the signed agreements, interest income totalling €7870.01 was apportioned to six grants in 2014. Details are provided in the table below:

Grant No.	Project	Donor	2014 Interest
100239	IARC International Fellowships Programme	European Commission	224.11
100287	Epidemiological study to quantify risks for paediatric computerized tomography and to optimize doses	European Commission	280.40
100320	Role of human papillomavirus infection and other co-factors in the aetiology of head and neck cancer in Europe and India	European Commission	2 836.77
100383	Scientific and technical support to the European Partnership for Action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening – European Code Against Cancer	European Commission	1 577.97
100391	Scientific and technical support to the European Partnership for Action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening	European Commission	801.31
100401	Monitoring HPV vaccination and HPV screening programs to promote sustained implementation in low and middle income countries	Bill and Melinda Gates Foundation	2 149.45
Total interest income apportioned to grants			**€7 870.01**