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**IARC'S COVID-19 AND CANCER INITIATIVE (IARC-C19):
A GLOBAL CANCER COMMUNITY APPROACH –
REQUEST FOR SUPPORT AND FUNDING**

INTRODUCTION

1. As of end-March 2022, over 6.1 million deaths have been attributed to the global pandemic of coronavirus disease 2019 (COVID-19). The pandemic has significantly transformed our daily lives and has forced countries around the world to implement nationwide lockdowns and containment measures lasting for several weeks to months to control the spread of the virus. Control measures have directly and indirectly impacted patients with cancer. Early studies were, by definition, not informed by the evolution of the pandemic that continues to impact countries.
2. There is therefore an urgent need for studies that evaluate the indirect impact of delays on cancer diagnosis and treatment due to the COVID-19 pandemic. A recent WHO report indicates that, in the last quarter of 2021, there was a disruption in cancer services of between 5-to-50% in all Member States^[1]. Further, implementation of non-pharmaceutical intervention strategies to control the spread of the virus may have prompted lifestyle changes, including transitions in dietary patterns and sedentary lifestyles, alongside changes in tobacco and alcohol consumption.
3. With variants of the virus continuing to emerge, and disparities in the implementation of vaccination strategies in different settings, it is evident that the cancer burden and outcomes are likely to be affected in the short- and the long-term. As the WHO Cancer Agency, IARC's principles of engagement in the COVID-19 space have been to build actions together via a coordinated approach among networks of cancer experts and institutions worldwide.
4. IARC's new *Covid-19 And Cancer Initiative* (IARC-C19) seeks to put the tools in place to inform and empower governments and national agencies through the quantification and benchmarking of the national impact on cancer outcomes of cancer service disruptions in the C-19 pandemic era. This requires a unified and comprehensive approach that additionally provides IARC Participating States (PS) with a concrete evidence base for mitigation and recovery strategies that can limit the predicted loss of life in future years and give a boost to national cancer control programmes.
5. The principles of IARC-C19 were briefly presented at the 63rd Governing Council in May 2021. On the occasion of the 58th IARC Scientific Council in February 2022, the Agency presented the IARC-C19 during a dedicated one-hour session. There was consensus among Scientific Council members of the critical importance of the IARC-C19 and their full endorsement of the strategy and mode of operation, including its

[1] WHO. Global pulse survey on continuity of essential health services during the COVID-19 pandemic. 7 February 2022; https://www.who.int/docs/default-source/coronaviruse/final-ppt_global-ehs-pulse-survey-round-3_for-publication_7-feb-2022.pdf?sfvrsn=a49a8657_1&download=true

emphasis on capacity building with PS. Scientific Council also commented that the proposed programme illustrated the responsive nature of IARC to key international challenges in cancer control and the Agency's ability to provide widespread and long-term impact that may inform future pandemic preparedness.

6. This document seeks to introduce IARC Governing Council members to the IARC-C19, recognizing that national recovery strategies are critical both today, and as countries move beyond the acute phase of the crisis.

WHAT IARC IS DOING: THE COVID-19 AND CANCER GLOBAL MODELLING CONSORTIUM (CCGMC)

7. Early on during the first wave of the pandemic, IARC sought to develop partnerships centred around the quantification of the impact of COVID-19 on cancer programmes and cancer outcomes. IARC became a founding member of the *Covid-19 and Cancer Taskforce* in May 2020, a group of cancer leaders spanning different disciplines, with one of the key aims an evaluation of the impact of the pandemic on the delivery of preventative, screening and cancer treatment services and subsequent cancer outcomes. In response, IARC partnered with the *Union for International Cancer Control (UICC)*, the *Canadian Partnership Against Cancer (CPAC)*, the *International Cancer Screening Network (ICSN)* and the *Daffodil Centre* (a joint venture between *Cancer Council NSW* and the *University of Sydney*) to launch the *COVID-19 and Cancer Global Modelling Consortium (CCGMC)* to bring together the global modelling community to support decision-making in cancer control during and after the crisis. The CCGMC has developed three interrelated workstreams quantifying the impact of COVID-19 on cancer survival, cancer diagnosis and changes in cancer risk due to changing risk factors. Over 250 participants have joined the consortium and many are involved in one of three working groups that are: 1) quantifying the impact on outcomes, including systematic reviews of COVID risk and mortality for people with a pre-existing cancer diagnosis; 2) looking at screening impact across programmes for cervical, breast and colorectal cancer; and 3) assessing whether the implementation of non-pharmaceutical intervention strategies in different countries to control the spread of the virus has prompted lifestyle changes that potentially impact the long-term future burden of cancer. As well as an overview paper, systematic reviews on the risk of contracting SARS-CoV-2 or developing COVID-19 for people with a pre-existing cancer diagnosis, the risk of COVID-19-related death among people with cancer, and smoking behaviour changes during non-pharmaceutical interventions (lockdowns) are under submission [1-4].

NEXT STEPS: THE COVID-19 AND CANCER INITIATIVE (IARC-C19)

8. Understanding the impact of the pandemic on cancer outcomes is a key concern of PS and the community at large. There is an urgent need for studies that evaluate the indirect and longer-term impact of delays on cancer diagnosis and treatment; to inform governments and national agencies on mitigation and recovery strategies.

9. IARC's COVID-19 and Cancer Initiative (IARC-C19) aims to provide over a four-year timeframe: i) a global platform to monitor national policies in the wake of the pandemic and their impact on cancer services and cancer outcomes, and ii) the evidence needed to support decision-making in cancer control, both during and after the pandemic.

10. Based on IARC's experience as a leader within the Global COVID-19 and Cancer Taskforce, and the CCGMC, the key objectives of IARC-C19 are to:

- strengthen data collection systems to improve the understanding of the linkages between policies and outcomes in the COVID-19 era, especially those related to cancer;
- improve the health system resilience of countries to provide guidance in building back better;
- ensure knowledge dissemination and transfer for greater buy-in from various national stakeholders.

IARC-C19: KEY DELIVERABLES

11. In partnership with the Daffodil Centre, a COVID-19 and Cancer Observatory will be hosted in 2022 at IARC with a core aim to improve the understanding of the impact of the pandemic on cancer related services and outcomes. The dashboard will provide a detailed and systematic mapping of policy responses including COVID-19 vaccination, with a primary focus on responses that impact cancer-related services and outcomes. The development of an information collection protocol is key to the capture of granular and comparable indicators within the surveillance system that enables the linking of policies to outcome. Multiple data sources such as literature reviews, grey literatures, e.g. national websites, and key informant interviews will be used to feed into the observatory incorporating technological advances in data mining.

12. A COVID-19 and Cancer Assessment Tool is being built to provide practical strategies for national health system strengthening, now and in the future. The array of data sources will be brought together in an analytic framework that facilitates coherence, harmonization, and governance of a distributed data infrastructure to support the monitoring of this and possible future pandemics. The COVID-19 and Cancer Assessment Tool will include health system analysis to provide relevant and practicable strategies for governments and national agencies, with real-time results demonstrating potential cancer impact. Cancer-specific and health system modelling, and advanced statistical methods will be used to fully deliver the tool.

13. A critical feature of IARC–C19 is the transfer, exchange and dissemination of knowledge to various stakeholders in collaboration with PS. Given the policy and societal relevance of this initiative, IARC will disseminate information to key stakeholders from policy makers to civil society organizations in collaboration with national stakeholders and academic partners. All work streams will be done in collaboration with WHO and will complement their ongoing normative guidance to Member States in support of the COVID-19 response and policy-dialogue for cancer. This includes a direct collaboration with the WHO Hub for Pandemic and Epidemic intelligence. IARC will use a plurality of targeted dissemination formats including online resources via the platform, policy briefs, infographics, and podcasts, as well as face-to-face dissemination through policy dialogues and workshops.

14. IARC–C19 will bring added value to PS and to the international cancer community: seeking to build back better through technology transfer and best practice. The initiative seeks to support nations to build back their health systems and cancer control programmes better in the wake of this and future pandemics. A small investment in this initiative will enable governments and national agencies to have access to results-based decision-making strategies in cancer control that serve to optimize cancer patient outcomes. Further, the IARC-C19 builds in technology transfer as a key component, enabling best practice; countries may second staff to IARC specifically to be directly involved in this initiative via dedicated fellowships, thereby ensuring experience and expertise in cancer policy, modelling and tool development is fostered and delivered at the national level.

RESOURCES REQUIRED – COMBINED TECHNOLOGY TRANSFER FROM CONTRIBUTING COUNTRIES

15. To implement IARC-C19, a budget of €6 million is needed over a four-year period. The Governing Council is kindly requested to support IARC in securing two-thirds of this funding (€4 million – see [Table A below](#)). The remaining funding (€2 million) will be based on in-kind support, via the secondment of one or more staff (depending on national structures and capacity) via dedicated national technology fellowships. To ensure representation of experts from different disciplines and geographic areas, an International Advisory Panel will be established that will comprise one or more individuals from countries to the Initiative.

The Panel will serve as a liaison to the Initiative, providing expert advice to IARC at each phase of the activities of IARC-C19. Regular meetings will be held to report on progress and exchange information and ideas.

TABLE A

Area	Budget (000s euros)				
	2022	2023	2024	2025	Total
COVID-19 and Cancer: Global Observatory					
Development of Protocol and Database	100				100
IT Development: A living data platform	50	100	100	50	300
Strengthen national surveillance system	150	150	150	150	600
Development of the Global Monitoring Platform			200	200	400
COVID-19 and Cancer Assessment Tool					
Analytical Framework	200	100	100	100	500
Development of Cancer Models		300	300	75	675
Incorporation of Health System Information		300	300	75	675
Strategies to Build Back Better			100	100	200
Technology Transfer & Dissemination Tool					
Development of Knowledge Transfer Tool	50	50	50		150
Regional workshop: Technology Transfer and Best Practice		50	75	75	200
Implementation with countries			100	100	200
Total:	550	1,050	1,475	925	4,000

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