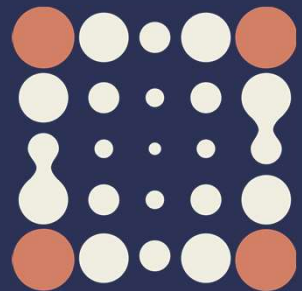


Director's Report

Dr Elisabete Weiderpass

*Governing Council, Lyon 12-13 May 2022, item 6
by Web conference*

International Agency
for Research on Cancer



Outline

Scientific activities

- Major scientific highlights
- Report on Key Performance Indicators (KPIs) on publications and capacity building

Cooperation, partnership and strategic engagement

- Cooperation with WHO
- Strategic engagement highlights
- Resource Mobilization highlights

Management

- Conceptual framework to assess progress in the implementation of the Medium-Term Strategy (MTS) 2021-2025 (document [GC/64/13](#))
- Modernizing IARC's administrative management systems
- IARC Personnel
- Update on the Nouveau Centre (document [GC/64/7](#))

International Agency
for Research on Cancer



World Health
Organization

- Scientific highlights
- Report on KPIs on publications and capacity building

Scientific activities

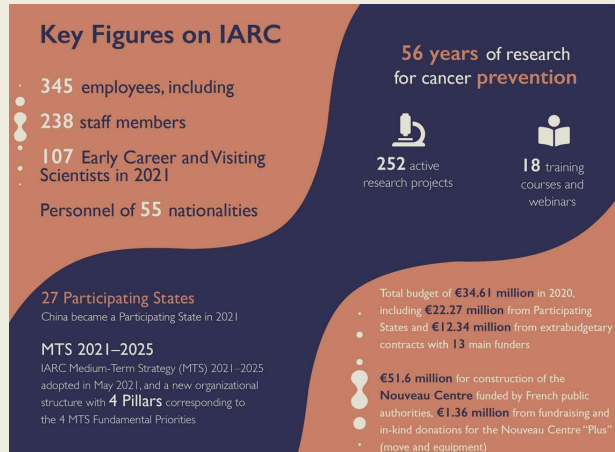


The Biennial Report 2020-2021



<https://publications.iarc.fr/607>

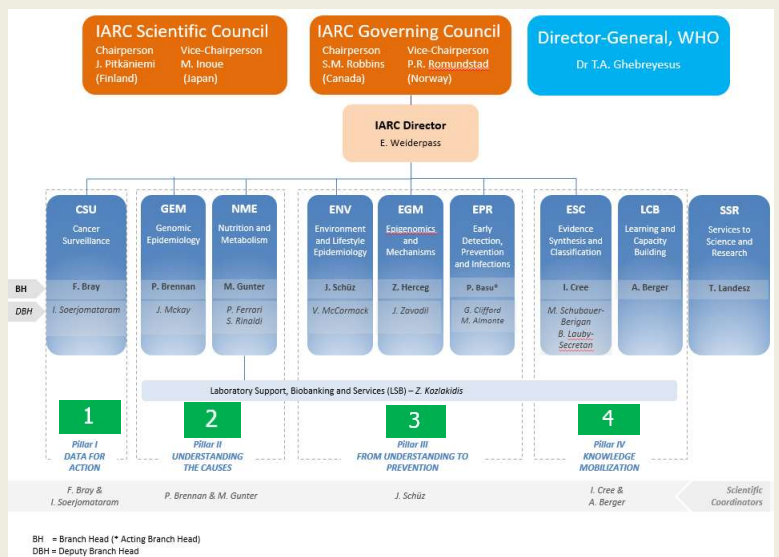
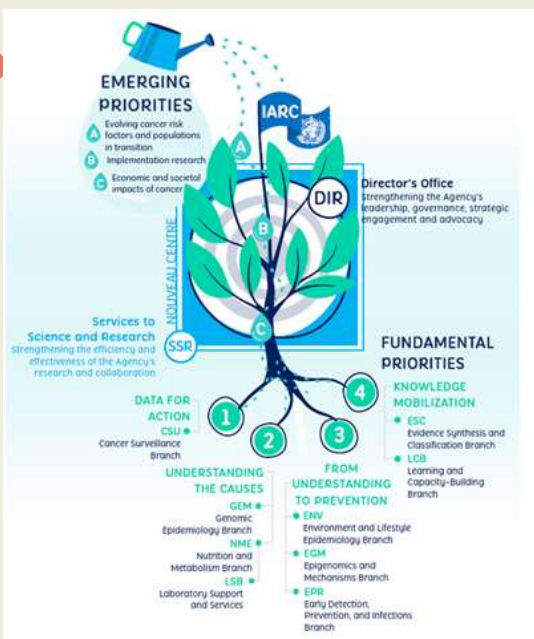
Key Cancer Data and Key Figures on IARC: 2020–2021



<https://www.iarc.who.int/biennial-report-2020-2021web/>

IARC produced the IARC Biennial Report 2020-2021, showcasing a selection of the work conducted during 2020-2021 by IARC scientists in collaboration with its global network of experts. This time, the Biennial Report has an associated webpage that highlights key cancer data and key figures on IARC during the 2020–2021 biennium.

Medium-Term Strategy 2021-2025 and organizational structure



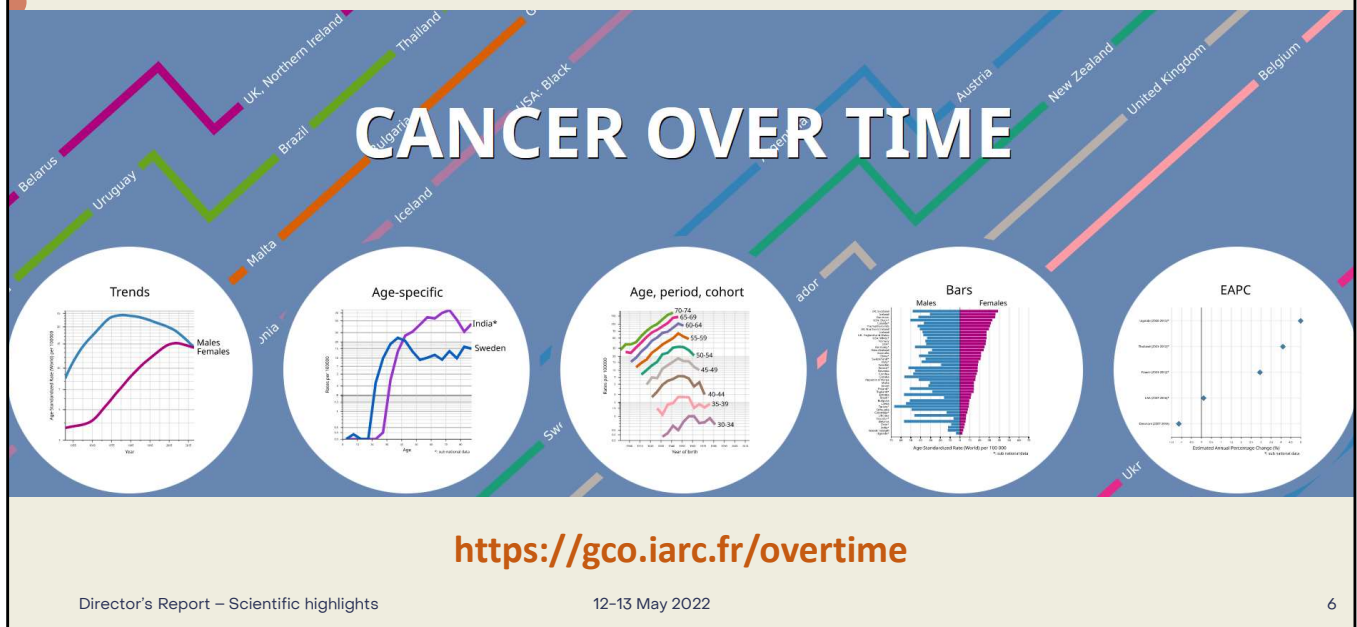
Director's Report – Scientific highlights

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This structure is complemented by the conceptual idea of **four scientific Pillars representing IARC's four fundamental research priorities**, as described in the slide.

Pillar 1 – Data for Action



The **Global Cancer Observatory (GCO)** is hosted, maintained, and developed by IARC as an interactive web-based platform presenting global cancer statistics to inform cancer control action. Launched in May 2016, the platform focuses on the visualization of cancer indicators to illustrate the changing scale, epidemiological profile, and impact of the disease worldwide.

Cancer Over Time, a new subsite of the GCO was launched in November 2021.

Cancer Over Time enables interactive visualizations of the trends in cancer-specific incidence and mortality rates in **60 countries over the past 65 years**. The underlying data are the recorded national or subnational incidence data from cancer registries compiled in successive volumes of Cancer Incidence in Five Continents (CI5) underway, recorded national cancer-specific mortality data from the World Health Organization (WHO) Mortality Database. With a new call for registry incidence data for Volume 12 of CI5, the aim going forward is to enable registries to submit timely aggregated data on a routine basis to ensure the subsite always contains up-to-date recorded data on both incidence and mortality worldwide.

This graphic illustrates the increasing trends in early onset colorectal cancer incidence among young women (aged 25-49) in Australia, Sweden and the USA.

Pillar 1 – Data for Action

740 000 new cancers attributable to alcohol consumption in 2020 (4.1% of all cases)

Top alcohol-attributable cancer sites: **oesophagus** (190 000 cases), **colorectum** (160 000 cases), and **liver** (150 000 cases)

Notable sex differences e.g. two thirds of cases were among men (77%, 570 000 cases)

→ gco.iarc.fr/causes/alcohol

Rumgay et al, Lancet Oncol 2021

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International Agency for Research on Cancer



Contribution of different levels of alcohol drinking to the global alcohol-attributable cancer burden in 2020



This year, CSU published global, regional, and national estimates of **alcohol-attributable cancer burden in 2020** to inform alcohol policy and cancer control across different settings globally.

Globally, an estimated **4.1% of all new cases of cancer in 2020** were attributable to alcohol consumption. Oesophageal, colorectal and liver cancers contributed the most cases, though this varies largely by world regions e.g. in high income countries breast cancer is the most important alcohol related cancer. Males accounted for 570 000 of total alcohol-attributable cancer cases or $\frac{3}{4}$ of all alcohol related cancers.

Pillar 1 – Data for Action

Impact of increased alcohol taxes on cancer burden in WHO European Region

- Increasing alcohol taxation can effectively reduce the burden of alcohol-related cancers
- Almost 11 000 new cancer cases and nearly 5000 alcohol-related cancer deaths could be avoided annually in the WHO European Region by doubling current excise duties on alcoholic beverages
- This represents **6% of new alcohol-attributable cancer cases and 6% of cancer deaths attributable to alcohol consumption in the region**

Taxation Increase scenario	Cancer cases avoided	Cancer deaths avoided
20% increase	2,096	944
50% increase	5,283	2,383
100% increase	10,716	4,846

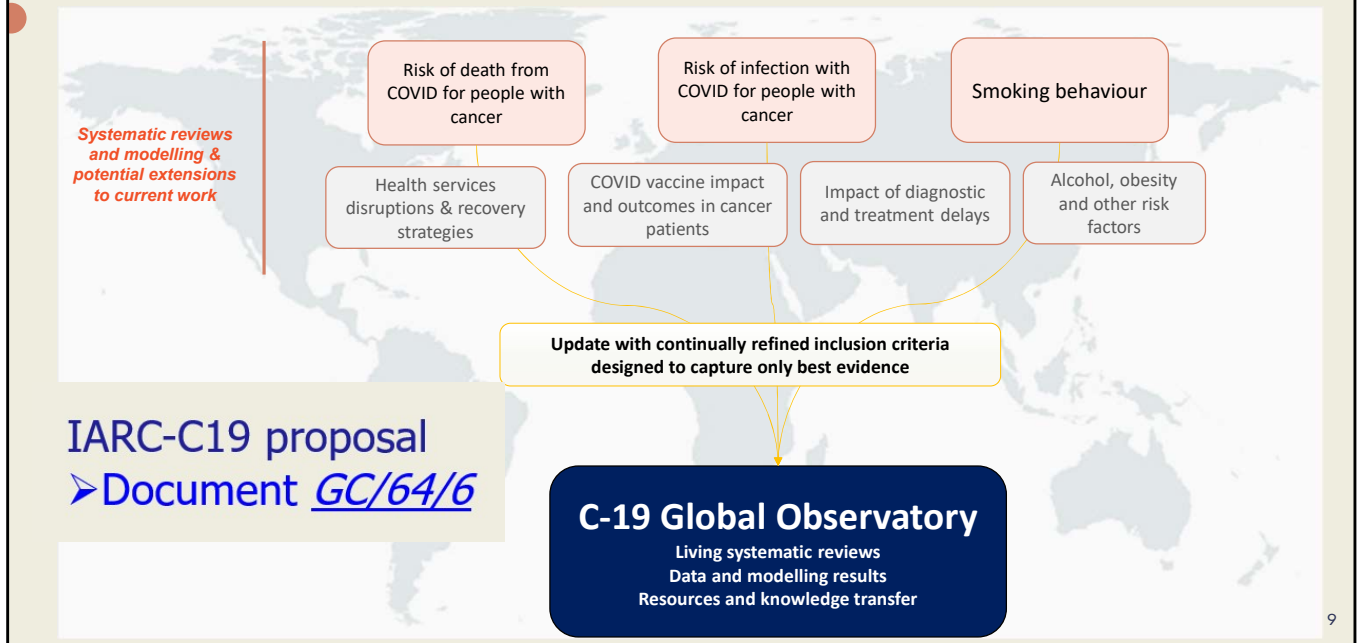
Kilian et al, Lancet Reg Health Eur 2021

This year, CSU published global, regional, and national estimates of alcohol-attributable cancer burden in 2020 to inform alcohol policy and cancer control across different settings globally.

Increasing alcohol taxation can effectively reduce the burden of alcohol-related cancers. Almost **11 000 new cancer cases and nearly 5000 alcohol-related cancer deaths could be avoided annually in the WHO European Region by doubling current excise duties on alcoholic beverages**. This represents **6% of new alcohol-attributable cancer cases and 6% of cancer deaths attributable to alcohol consumption in the region**.

Pillar 1 – Data for Action

The COVID-19 and Cancer Global Observatory



The figure shows the various ongoing activities of the COVID-19 and Cancer Global Modelling Consortium (CCGMC) – we wish to curate a “COVID-19 and Cancer Global Observatory” that will provide dynamic evidence-based assessments of the current situation that will include a systematic mapping of policy responses that impact cancer-related services and outcomes.

The principle behind the observatory is to ensure the evidence is continually updated and relevant to IARC Participating States through engagement with the consortium at large so as to enable recovery strategies as countries move beyond the acute phase of the pandemic.

From an IARC perspective, **this is very much in line with our mission: supporting a coordinated approach among networks of cancer experts and institutions worldwide, in close cooperation with WHO.**

The IARC-C19 proposal – COVID-19 and cancer initiative: building back better – will be discussed in a separate items of Governing Council (GC/64/6) on 12 May 2022 (item 9).

Pillar 2 – Understanding the causes

Ultra-processed food intake and breast cancer risk in countries in epidemiological transition

PRECAMA study



Consumption of ultra-processed foods

Overall | T3 vs T1
ER+ | T3 vs T1
ER- | T3 vs T1



Premenopausal women
Latin America

Romieu et al, *BMJ Nutrition, Prevention & Health*, in press, 2022

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Ultra-processed food intake has been linked to an increased risk of breast cancer in Western populations. No data is available in countries in epidemiological transitions, although the consumption of ultra-processed foods is increasing rapidly in these regions.

The Nutrition and Metabolism (NME) Branch evaluated the association of ultra-processed food (UPFs) intake to breast cancer risk in two population-based case-control studies: the first study set up in Latin America (**The PRECAMA study**, including 525 premenopausal cases, and 525 matched population-based controls from Chile, Colombia, Costa Rica, and Mexico) (as shown in the slide), the second study set up in Johannesburg, South Africa (**The SABC study**, including 396 cases and 396 matched population-based controls from Black women in Soweto) (data not shown). Dietary intake was assessed by using a validated food frequency questionnaires, and the degree of processing of foods was classified according to the NOVA classification.

In PRECAMA, **UPF intake was positively associated with the risk of breast cancer overall**, and more strongly so **with estrogen receptor positive cancers**. Major contributors of UPF intake in this population include ready-to-eat/heat foods,

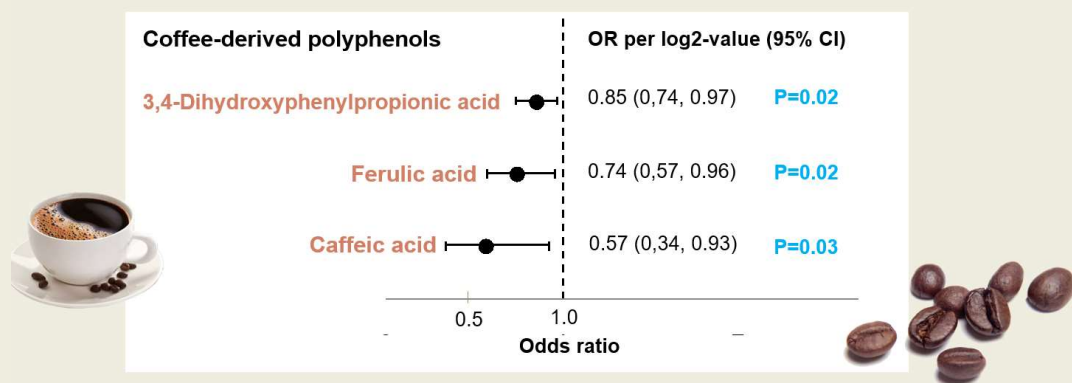
carbonated and industrial fruit juice beverage, breakfast cereals and reconstituted meat products.

In SABC, no significant association was observed between UPF intake and breast cancer risk, **but unprocessed/minimally processed food consumption showed a significant inverse association with breast cancer risk overall**, as well as in pre and post-menopausal women separately. Major contributors to unprocessed/minimally processed food in this population include maize, white rice, apple beetroot, and eggs.

Our findings suggest that the consumption of ultra-processed foods may be associated with the risk of breast cancer in countries in epidemiological transition, and that the consumption of unprocessed/minimally processed foods should be promoted.

Pillar 2 – Understanding the causes

Prediagnostic plasma polyphenol concentrations and colon cancer risk: the JPHC nested case-control study



The results suggest that coffee-derived polyphenols may have a role in preventing colon cancer development

NME conducted a study within the Japan Public health Centre-based prospective study (JPHC study) using plasma samples collected at the time of a five-year follow-up survey between 1995 and 1999. Prediagnostic concentrations of 35 polyphenols from 375 incident colon cancer cases and 710 matched controls were measured by tandem mass spectrometry coupled with ultra-high pressure liquid chromatography.

Circulating levels of 3,4-dihydroxyphenylpropionic acid, ferulic acid, and caffeic acid were inversely associated with colon cancer risk.

These results suggest a possible role of coffee and coffee polyphenols in preventing colorectal cancer.

Pillar 2 – Understanding the causes

Mutational signatures in oesophageal squamous cell carcinoma (ESCC) from eight countries with varying incidence

552 ESCC whole genomes (tumour/normal) sequenced from Brazil, China, Iran, Japan, Kenya, Malawi, Tanzania, UK

Main findings:

- Strikingly similar mutational profiles across all countries
- No mutational signature explaining the differences in incidence
- Whatever is driving the variation in incidence is not leaving its trace in the genome
- New research strategies are needed to identify new causes of cancer**

Director's Report – Scientific highlights

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Genomic Epidemiology (GEM) Branch combined the fields of mutational signature analysis with cancer epidemiology to study 552 oesophageal squamous cell carcinoma (ESCC) genomes from 8 countries with varying incidence rates. The main findings were:

- Mutational profiles were similar across all countries studied.
- No evidence of a mutational signature indicative of an exogenous exposure capable of explaining differences in ESCC incidence was found.

New research strategies are needed to identify new causes of ESCC.

Pillar 2 – Understanding the causes

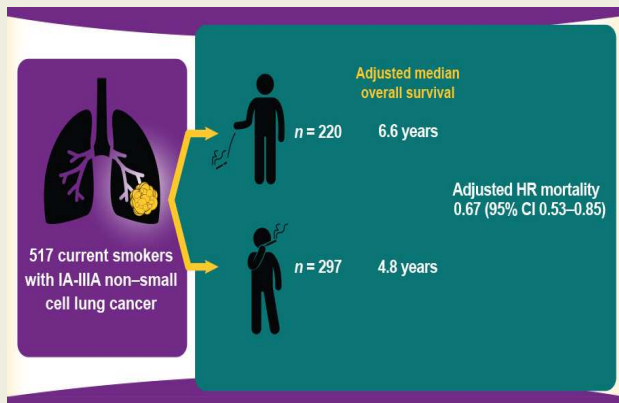
Annals of Internal Medicine

ORIGINAL RESEARCH

Postdiagnosis Smoking Cessation and Reduced Risk for Lung Cancer Progression and Mortality

A Prospective Cohort Study

Mahdi Sheikh, MD, PhD; Anush Mukeriyar, MD, DSc; Oxana Shangina, PhD; Paul Brennan, PhD; and David Zaridze, MD, DSc



Recruited from 2 centres in Moscow, Russia

Followed up for an average 7 years

Quitters vs. Continued smokers had:

- **22 months** longer overall survival
- **22 months** longer progression-free survival
- **33% lower** risk of overall death
- **30% lower** risk of disease progression

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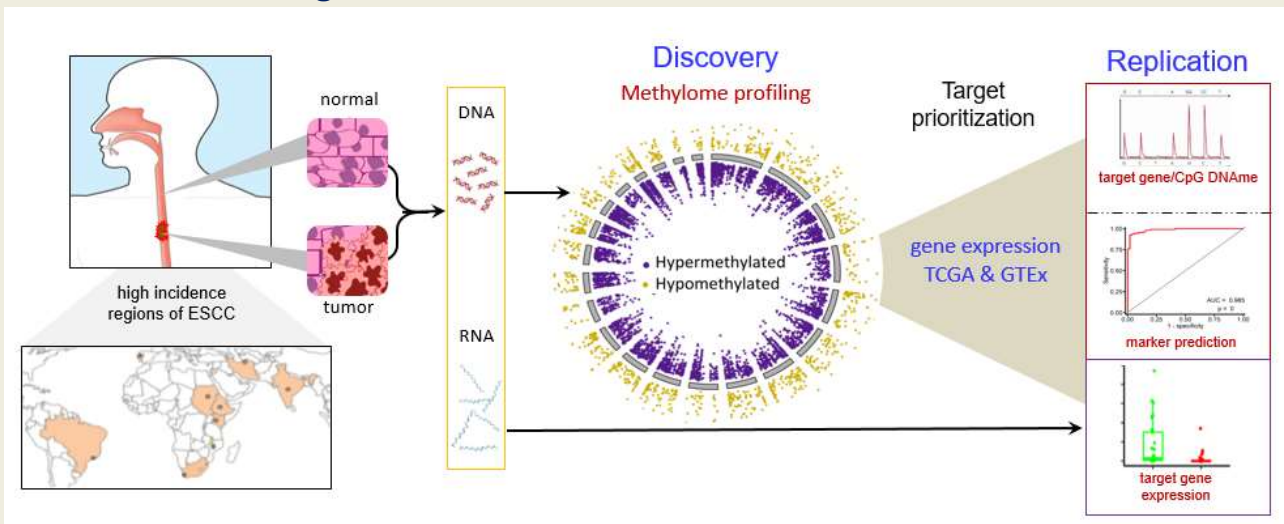
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The effect of smoking cessation in lung cancer survival was evaluated by GEM using information collected as part of the 15-year collaborative study with the N.N. Blokhin National Medical Research Centre of Oncology of the Russian Academy of Medical Sciences. GEM showed that smoking cessation after lung cancer diagnosis substantially improved overall and progression-free survival among current smokers with early-stage lung cancer; similar effects were observed among mild to moderate smokers and heavy smokers, and among patients with earlier-stage and later-stage tumours.

This study provides robust evidence indicating that quitting smoking after diagnosis of lung cancer is associated with significant improvement in overall survival and disease-free survival among these patients.

Pillar 3 – From understanding to prevention

DNA Methyome profiling of oesophageal squamous cell carcinoma from high incidence regions of the world identifies new cancer biomarkers



Director's Report – Scientific highlights

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Talukdar et al, *Cancer Research* 2021

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The Epigenomics and Mechanisms (EGM) Branch, working with international partners, have identified new epigenetic changes that are specific to oesophageal squamous cell carcinoma in tumour samples from populations from different parts of the world. These changes could become the target of new methods to detect this cancer at an early stage in high incidence populations.

The scientists examined incidents of aberrant epigenome (DNA methylation) profiles, alterations of the DNA markings which can be caused by agents in the individual's environment interacting with DNA, in the largest genome-wide DNA methylation study of its kind, using oesophageal squamous cell carcinoma samples from nine countries with high incidence of this disease, including countries in Africa, Asia, and South America.

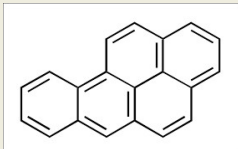
The scientists found that seven alterations affecting three genes could identify tumours with high sensitivity and specificity, with the potential to be used as oesophageal squamous cell carcinoma markers in low resource settings.

Pillar 3 – From understanding to prevention

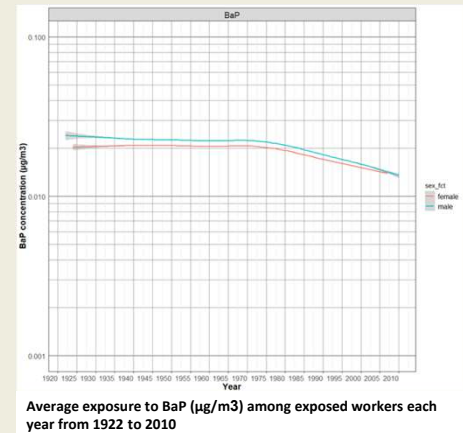
Occupational exposure to polycyclic aromatic hydrocarbons and lung cancer risk: results from a pooled analysis of case-control studies (SYNERGY)



- Occupational PAH exposure was modestly associated with an increased risk of lung cancer in both men and women, after adjusting for potential confounders
- Joint effects of occupational PAH exposure and smoking were present for squamous cell lung cancer both in men and women, and in addition for small cell lung cancer and adenocarcinoma in women



Benzo[a]pyrene (BaP)



The SYNERGY study is a pooled analysis of 14 case-control studies conducted in Europe and Canada including 17 000 lung cancer cases and 21 000 controls with information on lifetime occupational- and smoking histories. Exposure to benzo[a]pyrene (BaP) was used as a proxy of polycyclic aromatic hydrocarbons (PAH) and estimated from a quantitative general population job exposure matrix. The main results show that occupational PAH exposure was modestly associated with an increased risk of lung cancer in both men and women, after adjusting for potential confounders. In addition joint effects of occupational PAH exposure and smoking were present for squamous cell lung cancer both in men and women, and also for small cell lung cancer and adenocarcinoma in women.

Pillar 3 – From understanding to prevention



- In a multi-centric cohort study in India, girls aged 10-18 years received:
 - Single dose of Gardasil™: N=4949
 - Two doses of Gardasil™ at 0, 6 months: N=4980
 - Three doses of Gardasil™ at 0, 2, 6 months: N=4348
- Post hoc age- and site-matched unvaccinated cohort as control: N=1484
- A single dose of HPV vaccine is as protective as 2/3 doses against persistent infection from HPV 16/18
- IARC shared the results with WHO SAGE in their next meeting planned in April 2022
- A single-dose recommendation would be a great benefit in reducing the programme costs and delivery complexities in LMICs

Efficacy of single dose of HPV vaccination and its impact on cervical cancer elimination

IARC research informs latest advice from UK JCVI to reduce number of doses of HPV vaccine recommended for girls

The Early Detection, Prevention and Infections (EPR) Branch recently reported that the vaccine efficacy of a single dose of quadrivalent HPV vaccine was as high as that of two doses and three doses at a median follow-up of 9.0 years of a study conducted in India. Vaccine efficacy against persistent HPV16/18 infection was 95.4% in recipients of a single dose, 93.1% in recipients of two doses, and 93.3% in recipients of three doses.

A recommendation of a single dose will significantly improve the affordability of vaccination programmes against HPV.

Pillar 3 – From understanding to prevention

African Breast Cancer – Disparities in Outcomes: cohort ABC-DO

Background:

WHO Global Breast Cancer Initiative Pillars:

1. Health promotion
2. Timely diagnosis
3. **Comprehensive treatment (TX) and supportive care**

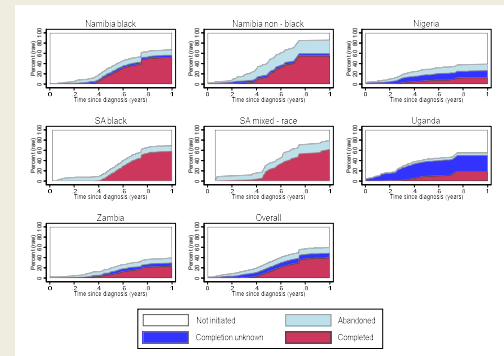
Aim:

Analysis of TX data of 1702 women with non-metastatic breast cancer from 5 sub-Saharan African (SSA) countries to evaluate:

Results:

- Multimodality TX initiation: **88%** in Namibian non-black women vs **41%** in Nigeria-> often **lack of tumour removal**
- Abandonment: Of all women initiating chemotherapy, **only 50% completed it.**

Take home: High TX abandonment in all settings lower the success of what is already achieved in some places and pose an additional barrier to the low access to multimodality TX in large parts of SSA



The Environment and Lifestyle Epidemiology (ENV) Branch analysed ABC-DO treatment data from five sub-Saharan African countries to inform the third pillar of the WHO Global Breast Cancer Initiative (GBCI), to promote comprehensive breast cancer (BC) management.

On the graph you see the cumulative proportion of women initiating multimodality treatment (at least surgery and systemic treatment) divided by those who completed treatment (dark red), those who abandoned treatment (light blue) and those whose completion remained unknown (dark blue).

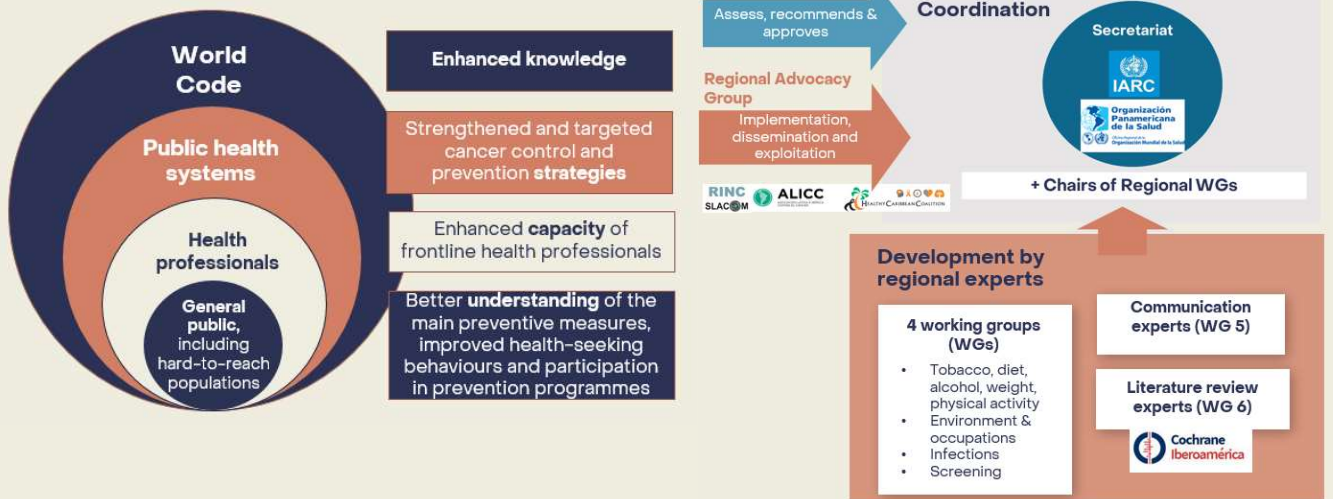
The graph shows the huge inter-region disparities: 88% in Namibian non-black women (center top) initiated multimodality treatment against only 41% in Nigeria (top right). **One of the major drivers here was the lack of tumour removal.**

Also, not shown on the graph, only 50% of all women initiating chemotherapy completed at least five cycles, corresponding to 80% of the total dose and needed to experience any curative effect.

The results emphasize that early detection strategies will only reap expected survival gains if they are accompanied by new efforts to strengthen timely, appropriate and complete multimodal disease management.

Pillar 3 – From understanding to prevention

Latin American & the Caribbean Code against Cancer



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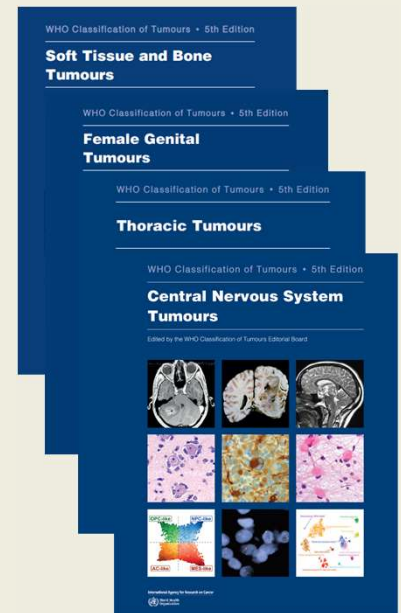
- Taking the European Code against Cancer as a model, the World Code against Cancer serves as a framework to develop Regional Codes, suited to the different regional epidemiological, socio-economic and cultural conditions.
- The Latin America and the Caribbean Code against Cancer is currently under development
- The outcomes that we will get with each Regional Code are:
 1. A set of region-specific recommendations on cancer prevention, for the population but also to policy-makers, as new Codes will include recommendations on policies.
 2. Capacity building of primary care professionals on cancer prevention, as new Codes will also specifically target these frontline health professionals.
 3. And Knowledge on the main preventive measures disseminated and impact evaluated.
- Therefore, the Latin America and the Caribbean Code against Cancer will offer an exceptional public health tool to guide and support governments in the implementation of their cancer control strategies, as well as to educate the population on healthy behaviours and encourage participation in prevention programmes.
- The Governance is based in multi-stakeholder participation, where experts

and key players from the region are involved from the planning to the dissemination, monitoring and evaluation phases of the project, to ensure ownership of all players to embrace and adopt the Code.

Pillar 4 – Knowledge Mobilization

The WHO Classification of Tumours 2020-21

- Provides the definitive and internationally accepted standards for the diagnosis of tumours, with some 2500+ collaborators across the world – see: <https://whobluebooks.iarc.fr>
- Runs the IARC Histopathology Laboratory and the International Collaboration for Cancer Classification and Research (IC3R)
- Four volumes published in 2020–2021 (Soft Tissue and Bone Tumours, Female Genital Tumours, Thoracic Tumours and Central Nervous System Tumours)
- 12 000+ Digital Slides produced – including many for the WCT website, which now has 4500 users.



The work of the WHO Classification of Tumours encompasses the *WHO Classification of Tumours* series (also known as the WHO Blue Books), the IARC histopathology laboratory, and the International Collaboration for Cancer Classification and Research (IC³R).

During the 2020–2021 biennium, the following 4 volumes were published:
Soft Tissue and Bone Tumours, fifth edition (2020)
Female Genital Tumours, fifth edition (2020)
Thoracic Tumours, fifth edition (2021).
Central Nervous System Tumours, fifth edition (2021).

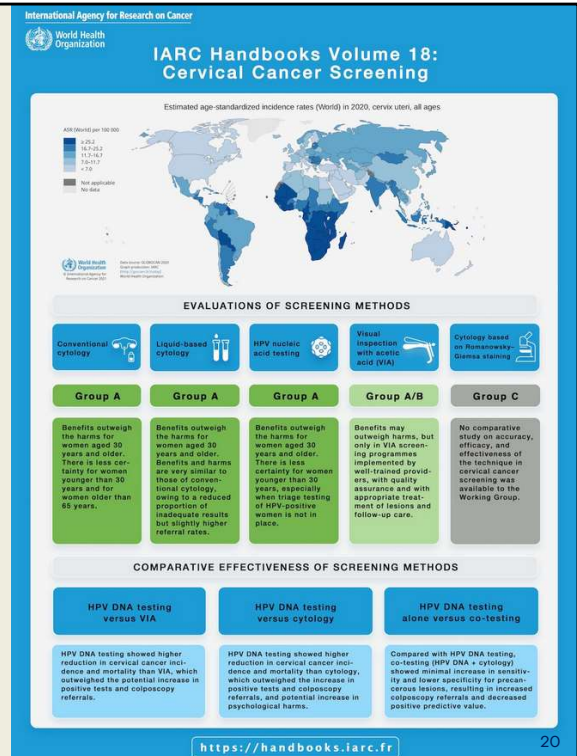
Pillar 4 – Knowledge Mobilization

IARC Handbooks volume 18: Cervical cancer screening

- The Working Group evaluated the effectiveness of five methods of cervical cancer screening in reducing cervical cancer incidence and/or mortality.
- The Working Group also reviewed the body of evidence and provided statements on the comparative effectiveness of those screening methods that are established to reduce cervical cancer incidence and/or mortality.
- This infographic summarizes the outcomes of the *IARC Handbooks Volume 18* meeting.

Director's Report – Scientific highlights

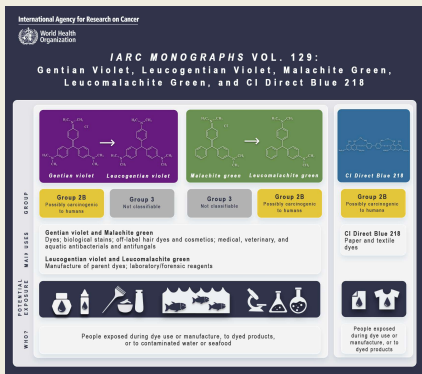
12-13 May 2022



This new infographic summarizes the outcomes of the *IARC Handbooks Volume 18* meeting. The Working Group evaluated the effectiveness of five methods of cervical cancer screening in reducing cervical cancer incidence and/or mortality. The Working Group also reviewed the body of evidence and provided statements on the comparative effectiveness of those screening methods that are established to reduce cervical cancer incidence and/or mortality.

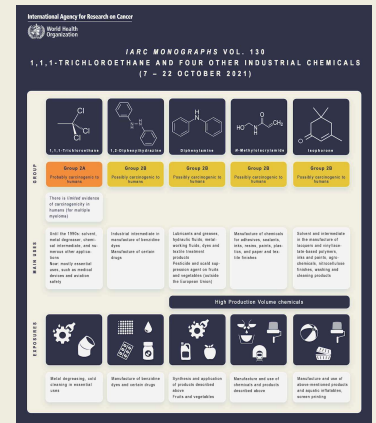
Pillar 4 – Knowledge Mobilization

IARC Monographs Programme



Scientific accomplishments in 2021

- Held 2 remote *Monographs* meetings (129-130) in February and October
- New or updated classifications for 10 agents:
 - **Group 2A:** 1,1,1-Trichloroethane
 - **Group 2B:** Gentian violet, leucomalachite green, CI Direct Blue 218, 1,2-diphenyl hydrazine, diphenylamine, *N*-methylol-acrylamide, isophorone
 - **Group 3:** Leucogentian violet, malachite green
- Published 3 *Monographs* volumes
 - v.126: Opium consumption
 - v.127: Some aromatic amines and related compounds
 - v.128: Acrolein, crotonaldehyde, arecoline



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The *Monographs* organized two virtual Working Group meetings in 2021. The agents evaluated at the two Working Group meetings included several that had been recommended as priorities for evaluation:

Volume 129: Gentian Violet, Leucogentian Violet, Malachite Green, Leucomalachite Green, and CI Direct Blue 218 (22 February–5 March 2021)

Volume 130: 1,1,1-Trichloroethane, Hydrazobenzene, *N*-Methylolacrylamide, Diphenylamine, and Isophorone (7–22 October 2021).

The evaluations reached in these meetings included new or updated classifications for 10 agents:

- **Group 2A:** 1,1,1-Trichloroethane
- **Group 2B:** Gentian violet, leucomalachite green, CI Direct Blue 218, 1,2-diphenyl hydrazine, diphenylamine, *N*-methylol-acrylamide, isophorone
- **Group 3:** Leucogentian violet, malachite green

In 2021, the following *IARC Monographs* volumes were published:

Volume 128: Acrolein, Crotonaldehyde, and Arecoline (2021)

Volume 127: Some Aromatic Amines and Related Compounds (2021)

Volume 126: Opium Consumption (2021)

Pillar 4 – Knowledge Mobilization

IARC Monographs Programme

Scientific accomplishments in 2021

- Other publications and activities:

Commentary on need and approaches to identify environmental breast carcinogens (Guyton & Schubauer-Berigan 2021)

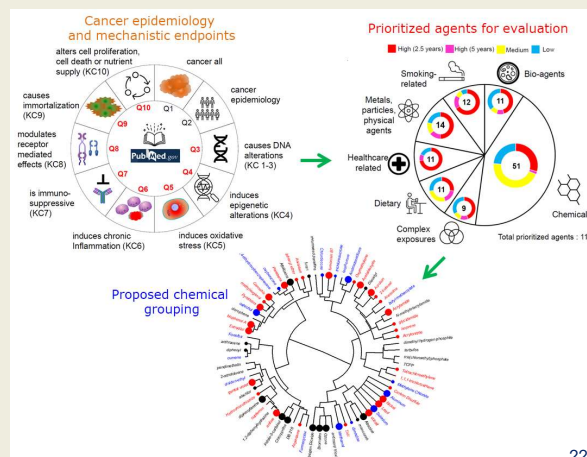
NCI Forum on Breast Cancer & the Environment

Known breast carcinogens (sufficient evidence in humans)	Known carcinogens with sufficient mammary cancer evidence in animals	Suspected breast carcinogens (limited evidence in humans)
Alcoholic beverages	Cyclophosphamide	Dieldrin
Diethylstilbestrol	Estrogen-progestogen contraceptives	Ethylene oxide
Estrogen-progestogen contraceptives	Estrogen menopausal therapy	Night shift work
Estrogen-progestogen menopausal therapy	Benzene	PCBs
X- & γ-radiation	Benzidine	Estrogen menopausal therapy
	1,3-butadiene	Digoxin
	Vinyl chloride	Tobacco smoking

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Publication on database fusion and text mining to prioritize agents for Monographs evaluations (Barupal et al. 2021) www.cancer.idsl.me



In 2021, IARC has provided an invited commentary on a new article about endocrine-disrupting chemicals and pollutants published in the journal *Environmental Health Perspectives*.

The scientists who prepared the article that is the subject of the commentary analysed more than 2000 chemicals. They provide evidence suggesting that several hundred common chemicals, including pesticides, ingredients in consumer products, food additives, and drinking-water contaminants, caused human cells in culture to produce more of the hormones estrogen or progesterone. Such excess hormone production is one known mechanism of breast cancer.

In their commentary, the authors from the *IARC Monographs* programme highlight important gaps in evidence on the causes of breast cancer and address how data from validated assays relevant to key characteristics of carcinogens, including in studies in exposed women, can help prioritize chemicals for further study and evaluation.

Prioritizing cancer hazard assessments: systematic evaluation of literature data on the cancer hazards of human exposures is an essential process underlying

cancer prevention strategies. The scope and volume of evidence for suspected carcinogens can range from very few to thousands of publications, requiring a complex, systematically planned, and critical procedure to nominate, prioritize and evaluate carcinogenic agents. To aid in this process, database fusion, cheminformatics and text mining techniques can be combined into an integrated approach to inform agent prioritization, selection, and grouping.

Pillar 4 – Knowledge Mobilization

IARC celebrates 50 years of the Monographs

The first IARC Monographs meeting took place on 13–17 December 1971 in Geneva and the results were published with the distinctive orange cover as Volume 1 of the IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man in 1972.



Director's Report – Scientific highlights

IARC also celebrated the 50th anniversary of the *IARC Monographs programme on the Identification of Carcinogenic Hazards to Humans*. The first ever meeting of the *IARC Monographs* took place on 13–17 December 1971 in Geneva, Switzerland, and the results were published with its distinctive orange cover as Volume 1 of the *IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man* in 1972.

Key figures 2021: Scientific Publications

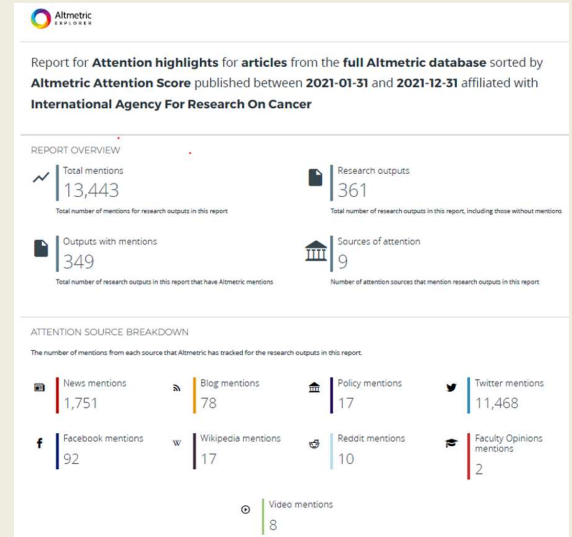
426 Articles

350 Peer-reviewed papers

934 557 visits to the **gco**

343 012 visits to the **Monographs**

395 530 visits to the **IARC Publications**



Key figures 2021: Capacity building



142 Early Career and Visiting Scientists

83 new arrivals

7 new IARC Post Doctoral Fellows from LMICs

1 Return Grant awarded to a former IARC Post-Doctoral Fellow from China

Replacement of the IARC Senior Visiting Scientist Award by the IARC Mid-Career Visiting Scientist Award
[\(GC/64/R4\)](#)

21 Training courses and webinars targeting LMICs

13 modules for the Cancer Prevention Europe Programme on the European Code against Cancer

12 modules on the “latest evidence, myths, and controversies² on cancer prevention

IARC Summer School 2021 100% on line:

73 cancer researchers and health professionals from LMICs

Director's Report – Scientific highlights

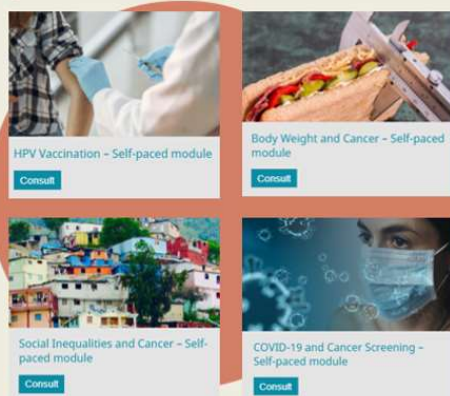
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As described in the IARC Director’s report to the 63rd session of the Governing Council in 2021 and in the IARC Medium-Term Strategy 2021-2025, it was decided to discontinue the IARC Senior Visiting Scientist Award. In view of the limited resources of the Agency and of its capacity building mission, it was indeed considered more cost efficient to convert this award into several shorter awards targeting mid-career scientists from LMICs and/or Participating States, to develop collaborative research projects with IARC, and contribute to enhancing their career prospects and build the capacity of their instruction through longer term collaborations initiated/strengthened through the Fellowship. The proposal was presented to the Scientific Council in 2022, which supported the plans and recommended some flexibility in the duration of the Mid-Career Visiting Scientist Awards, with an average of six months but varying from three to 12 months depending on the specific project. A DRAFT resolution is presented at this session of the Governing Council [[GC/64/R4](#)], to authorize the conversion of the 12-month Senior Visiting Scientist Award into shorter Mid-Career Visiting Scientist Awards, to be funded from the Special Account for Undesignated Contributions.

Key figures 2021: Capacity building

World Cancer Report Updates learning platform
4 self-paced e-learning modules available



LECTURES



QUIZ



Q&A



CERTIFICATE

1000 researchers and health professionals

As part of the World Cancer Report Updates Learning Platform launched in 2020, with the support of, and in collaboration with, the European Society for Medical Oncology, four live webinars provided the opportunity to around a thousand researchers and health professionals to exchange with international experts in cancer research for cancer prevention. Four eLearning modules were created from former webinar recordings, including short video teasers, quizzes, questions and answers and certificates (<https://learning.iarc.fr/wcr/>).

International Agency
for Research on Cancer



World Health
Organization

Cooperation with WHO
Strategic engagement
highlights
Resource Mobilization
highlights

Cooperation,
partnerships and
strategic engagement

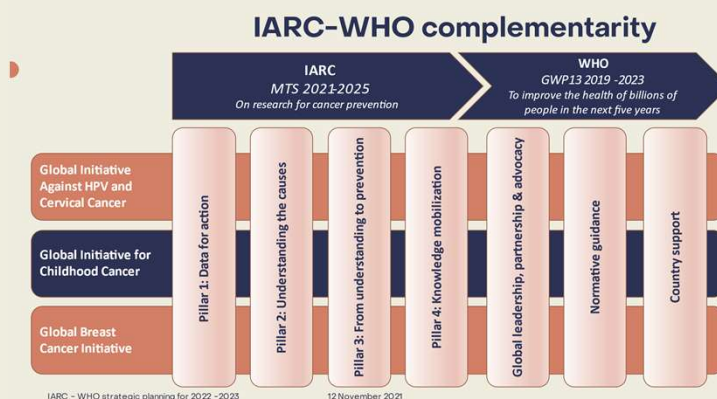


Strengthened collaboration between IARC and WHO

Finalization of a joint **workplan 2022-2023**:

Three core elements:

- (i) Creation of mechanisms to improve **sharing of information and knowledge** with a strong focus on the WHO Global initiatives;
- (ii) Identification of a set of **priority projects co-designed** between WHO and IARC to be implemented in the next two years;
- (iii) Setting up of **committees** for implementation, joint communication and resource mobilization activities.



The finalized workplan 2022-2023 proposes three core elements to further strengthen collaboration: (i) creation of mechanisms to improve **sharing of information and knowledge** with a strong focus on the WHO Global initiatives; (ii) identification of a set of **priority projects co-designed between WHO and IARC** to be implemented in the next two years; and (iii) creation of **governance mechanisms** with the setting up of committees for implementation, joint communication and resource mobilization activities.

Strengthened partnerships

5 Memoranda of Understanding (MoU) with Germany, UK, USA, the Republic of Trinidad and Tobago, and India

1 MoU renewed with the Republic of Korea

Visit of delegation from Special Committee on Beating Cancer:

- Linkages between IARC Medium-Term Strategy and the European Beating Cancer plan



IARC hosted a delegation of seven members of the Special Committee on Beating Cancer, an organ of the European Parliament, on 3 November 2021. This meeting focused on the linkages between the IARC Medium-Term Strategy, and the European Beating Cancer plan released on 3 February 2021.

Strategic engagement highlights

- IARC participated in **INCa's European Cancer Meeting** to increase cooperation on cancer research



- IARC was represented at the Science Summit at the 76th session of the United Nations General Assembly



Director's Report – Cooperation and Partnership

- New iPAAC report calls for stronger support for successful cancer prevention**

- Third annual IAEA–IARC–WHO consultation (hosted at IARC)



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In the context of the French Presidency of the Council of the European Union, IARC participated in the European Cancer Meeting of the French National Cancer Institute on 3-4 February 2022, aimed to increase cooperation in cancer research.

IARC was represented at the Science Summit at the 76th session of the United Nations General Assembly (UNGA76), on 14 September 2021, aims to raise awareness of the role and contribution of science for the attainment of the United Nations Sustainable Development Goals (SDGs).

IARC scientists met online on 13–14 December 2021 with colleagues from WHO and the International Atomic Energy Agency (IAEA) for the third annual IAEA–IARC–WHO consultation to discuss the methodology of the integrated mission of the Programme of Action for Cancer Therapy (imPACT) Reviews, and to strategize more broadly beyond the imPACT Review programme.

IARC concluded, in a new report on cancer prevention developed with European partners as part of the European Union Innovative Partnership for Action Against Cancer (iPAAC) Joint Action, that strong support and collaboration are essential for preventing cancer.

Data protection

Way forward:

- ❑ IARC established a comprehensive Register of Records of Data Processing Activities (ROPA) for all scientific and non-scientific data processed at IARC;
- ❑ The IARC Data Protection Policy, focussing on the processing of personal data for scientific purposes, was published on IARC's public website;
- ❑ IARC worked closely with WHO to review and advise on WHO's Data Protection Policy;
- ❑ IARC created a Data Protection General Awareness training which will be mandatory for all personnel;
- ❑ IARC established a permanent Data Protection Officer position;
- ❑ IARC continues to collaborate with the European Commission, the European Data Protection Supervisor, several networks of International Organizations, data protection authorities and data protection officers of our collaborators **to find long-term solutions** to enable data sharing with IARC.

Resource Mobilization highlights

The following specific actions have been taken to accelerate the resource mobilization:

□ Approach potential new Participating States:

Portugal, Saudi Arabia, Luxembourg,
Czech Republic, Kazakhstan

□ Increase the proportion of direct funding:

Creation of a portfolio of research projects; identification of donors; contact with more than 40 philanthropic organizations; renewal of partnership agreements with current NSAs



□ Develop innovative resource mobilization strategies regarding the Nouveau Centre fundraising campaign: [document GC/64/7](#)

The Secretariat is engaged in close discussions with a few potential new Participating States, namely Portugal, the Kingdom of Saudi Arabia, Luxembourg, the Czech Republic and Kazakhstan. There is hope that one or more of these countries could join IARC in the near future. The Secretariat will appreciate any support from its existing Participating States in convincing these countries to become an integral part of our organization. Participating States are by far the best advocates IARC can have and your support will surely make a real difference.

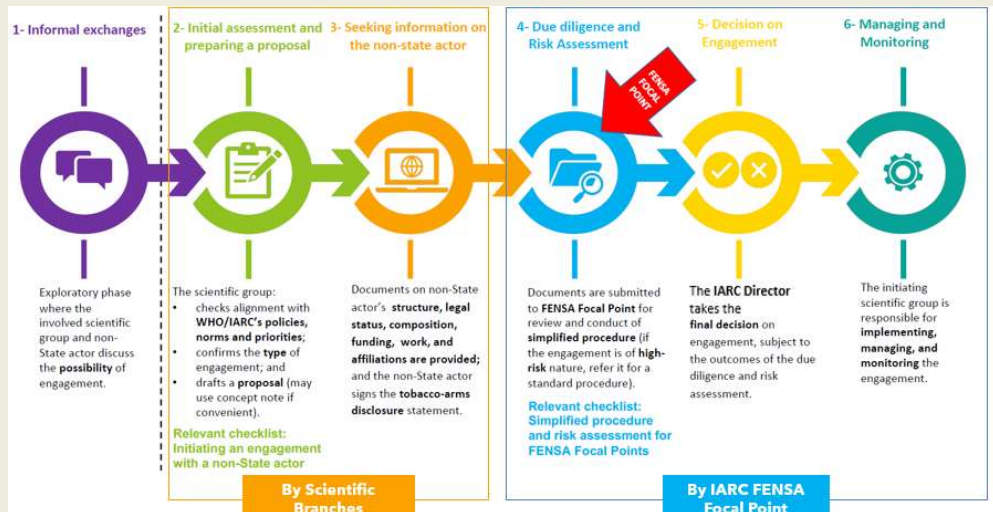
The Secretariat has created a portfolio of ODA-compliant research projects focusing on low- and middle-income countries. The Secretariat has then mapped and identified several philanthropic organizations that could be interested in funding such projects. Discussions have been held with some of these organizations. The Secretariat is now discussing the details of possible strategic partnerships with a few interested foundations, like for example The Mark Foundation in the USA or the Al Jalila Foundation in the middle-east. The Secretariat has also renewed and even expanded its partnership with Non-State Actors like ESO or the Terry Fox Foundation. IARC was able to receive direct funding from several DG of the European Union (DG Sante for the European Code against Cancer, DG Reform for screening improvement in Latvia and Slovakia among others).

Other innovative resource mobilization initiatives have been put in place (e.g. a more

structured legacy programme). The Secretariat has also intensified its fundraising campaign for the Nouveau Centre, which will be discussed in details under item 10 of this Governing Council session.

Resource Mobilization highlights

Implementation of the **FENSA simplified procedure** at IARC (grants and direct funding)



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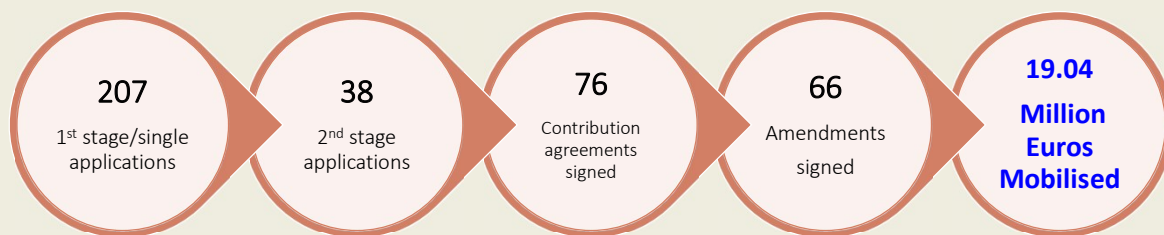
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During the course of 2021, IARC has prepared the implementation of the simplified procedure as the default procedure for the assessment of engagements with Non-State Actors (NSAs) to be conducted by IARC FENSA focal points, following the recommendation from the WHO Due Diligence and Non-State Actors (DAN) Unit. The second edition of the “IARC-Specific Guide on Engagement with Non-State Actors”, effective from 1 September 2021 and updated with the FENSA simplified procedure approach, provides guidance to IARC personnel on the implementation modalities of FENSA at IARC.

WHO and IARC are aligned in their approach of implementing FENSA, using two levels of due diligence and risk assessment, by distinguishing between low-risk simplified procedures and standard procedures prior to engaging with a Non-State Actor.

Grants and contracts: key figures 2021

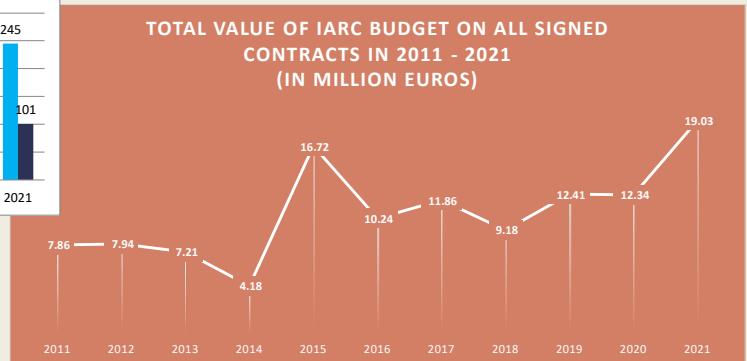
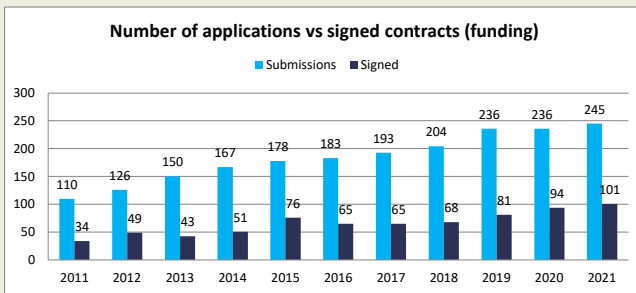
2021 has been yet another extraordinary year in terms of resource mobilization from Grants and Direct Funding



The Agency signed extrabudgetary contracts amounting to a total value of **€36.18 million in 2021; of which €19.04 million was attributed to IARC**. The large proportion of the total value of signed contracts going to IARC collaborators indicates that IARC's participation in projects can bring benefits to a wide network of institutions and organizations at national levels.

Grants and contracts: key figures 2021

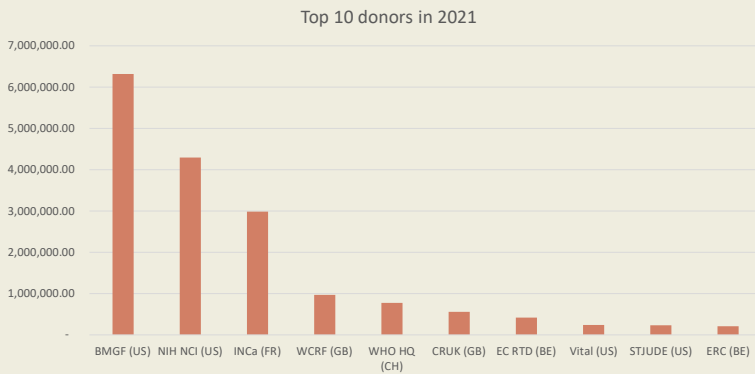
2021 in perspective – the best year so far



The number of new grant applications and funding requests submitted in 2021 reached **a total of 245**. This reflects the commitment of the Agency's scientists to secure sufficient extrabudgetary funds to conduct the research defined within the MTS.

Overall, the figures on extrabudgetary contracts represent a notable achievement given the increasingly competitive nature of research funding, the restrictions faced by the Agency in terms of eligibility for funding sources, and the pandemic situation leading to the shift of funders' priority toward COVID-19 research projects.

Grants and contracts: key figures 2021



Funders	IARC budget in EUR
BMGF (US)	6,316,215.50
NIH NCI (US)	4,291,338.02
INCa (FR)	2,988,024.00
WCRF (GB)	968,094.46
WHO HQ (CH)	772,598.38
CRUK (GB)	559,449.48
EC RTD (BE)	420,050.00
Vital (US)	243,355.20
STJUDE (US)	236,135.14
ERC (BE)	208,000.00
IE-MoH (IE)	200,000.00
IHCC (US)	182,398.20
KI (SE)	162,744.52
NIH NIDCR (US)	152,950.31
Other donors	1,336,073.70
Total	19,037,426.91

Top 14 donors representing 93% of the budget signed (more than 50 other donors represent 7%) →

About 93% of contributions came from the **14 funders** shown in the slide.

International Agency
for Research on Cancer



World Health
Organization

Implementation MTS

Personnel

Groups/Learning
Programmes

Nouveau Centre

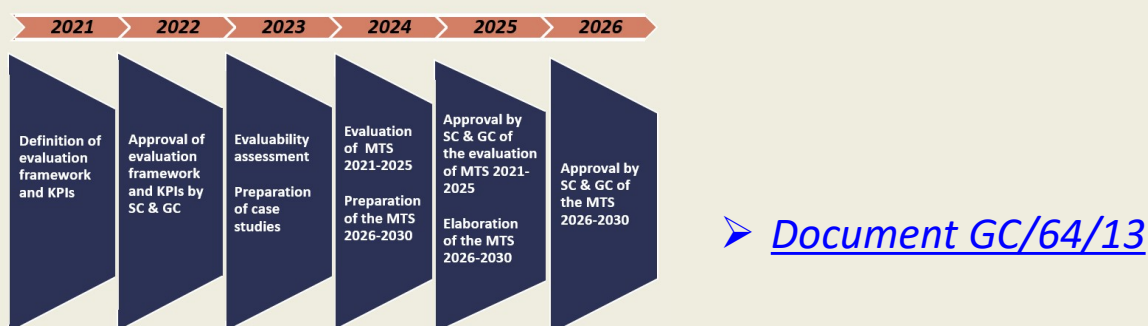
Management



Conceptual framework to assess progress in the implementation of the new Medium-Term Strategy 2021–2025

Planning 2021-2026

MTS evaluation methodology: main steps



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Inspired by the UN results-based management methodology, the MTS evaluation framework is built according to the “IOOI” model, to cover Inputs, Outputs, Outcomes, and Impacts. This methodology analyses the programme as a value chain and considers the achievements for public health impacts. This MTS evaluation framework includes key performance indicators (KPIs) and some cases studies, to highlight dimensions considered as critical for the success of IARC’s mission.

The methodology and the planning for the evaluation of the implementation of the MTS, as well as the architecture of the evaluation framework and the KPIs to assess progress in the implementation of the MTS are detailed in Document [GC/64/13](#).

Modernizing IARC's administrative management systems

- IARC joined forces with WHO and embarked on the implementation of a new Business Management System (BMS);
- **Our Promise - An intelligent, intuitive, and integrated BMS;**
- The implementation of the new **BMS** will take two years with an expected go live date on **1 January 2024**.



- Concurrently, IARC has devised an **administrative transformation roadmap** in support of the new Medium-Term Strategy 2021–2025, inter alia to further strengthen IARC's scientific IT capacity and data protection measures.

Personnel: key figures 2021

373 Personnel; **231** staff members; **142** Early Career and Visiting Scientists

42.4% are P-staff

Overall ratio men/women (P staff) = **0.89**

153.20 staff posts in 2021-22 on the Regular Budget

Overall, IARC staff members come from **35** different countries worldwide as first nationality, with a total of **55** nationalities represented at the Agency

The IARC Equity and Diversity Advisory Group: 2021 in review

➤ EDAG Recommendations

- Staff have reached out to receive recommendations on initiatives
 - training at IARC and the use of Datacamp
 - internal committee diversity
 - meeting membership diversity

➤ LGBTQIA+ HAPPY HOUR MAY 2021

➤ IARC OPEN FORUM: WHAT MORE CAN IARC DO TO ENSURE EQUITY AND DIVERSITY IN ALL ITS ACTIVITIES MARCH 2021

➤ EXPLICIT BIAS WORKSHOP NOVEMBER 2021

➤ RESPECTFUL WORKPLACE DAY: DISCUSSION ON UNCONSCIOUS BIAS

The IARC Equity and Diversity Advisory Group (EDAG) was established in 2020 to focus on institutional challenges of inclusion and diversity and IARC and provide the Director with specific, concrete recommendations on how to implement equitable practices, as reported in the slide.

The IARC Staff Association Committee (SAC)



- There were no candidates for the elections in the Staff Association Committee (SAC) which **was therefore dissolved as of June/July 2021.**
- As a result, there will be no SAC statement this year.
- Mitigation measures have been put in place:
 - **The WHO SAC temporarily participates in the IARC Selection Committees;**
 - **Information session on the role of the Staff Association organized by the WHO on 3 March 2022.**

Learning and Development Framework implementation: 2021 in review

The overall participation rates in various types of online L&D activities reached **76%** of the personnel in 2021.

- ❑ **31** webinars completed by **431** participants
- ❑ Several mental health and psychosocial support trainings
- ❑ Implementation of **Research Leadership** extensive 40-hour online training programme to reinforce strategic leadership culture at IARC

Update on the Nouveau Centre



Several types of fundraising for the Nouveau Centre are currently implemented:

- Major gifts from High Net-Worth Individuals and IARC Participating States.
- In-kind donation to provide equipment
- Marketing campaign including a crowdfunding platform



➤ [Document GC/64/7](#)

A detailed update on the Nouveau Centre and the Nouveau Centre fund-raising campaign is provided in Document [GC/64/7](#).

Thank you

International Agency
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