



**Scientific Council  
Fifty-ninth Session**

**SC/59/4**  
10 January 2023

*Lyon, 8–10 February 2023*  
*By Web conference*

### **REGULAR UPDATE ON IARC'S COVID-19 AND CANCER INITIATIVE (IARC-C19)**

1. On the occasion of the 58<sup>th</sup> IARC Scientific Council in February 2022, the Agency presented the IARC-C19 initiative during a dedicated one-hour session (see [Document SC/58/5](#)). 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 emphasis on capacity building with Participating States (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.
2. A briefing was also provided at the 64<sup>th</sup> Governing Council (see detailed presentation [here](#)), during which Dr Freddie Bray (Head, Cancer Surveillance (CSU) Branch) outlined the three work streams: first, a focus on strengthening data collection systems, which included review of national and subnational policy documents to assess the impact of the control measures across the cancer continuum from prevention through to palliative care; there would be a specific data collection intended to better understand linkages between policies and outcomes, especially those that related to cancer. Second, to improve the health system resilience of countries and provide guidance to help them to build back better. That included creating a dynamic, evidence-based decision-making platform that would provide detailed systematic mapping of policy responses and comparative advantages. The modelling platform would be based on simulation, including scenarios that could be adapted to national contexts. Third, a knowledge dissemination and technology transfer element would allow PS to second staff to the Agency through dedicated fellowships.
3. In order to implement IARC-C19, a budget of €6 million is needed over a four-year period, and the Secretariat requested the Governing Council for support in securing two-thirds of this funding (€4 million).
4. In response, the Governing Council requested the IARC Secretariat to further develop the initiative and coordinate with existing initiatives in this area, including the WHO Hub for Pandemic and Epidemic Intelligence, in order to complement and enhance collective efforts; it supported the funding of this initiative, through voluntary mechanisms such as voluntary contributions by PS and others; it encouraged PS to make voluntary contributions and provide support to the resource mobilization efforts towards this initiative; and requested updates by the IARC Secretariat on progress throughout the term of the initiative.

5. Three main activities were carried out in 2022, including compiling data on the impact of the COVID-19 pandemic on cancer based on published studies, qualitative assessment of the impact on cancer services, and development of tools to estimate the impact of COVID-19 on major global cancer initiatives. For the first, systematic reviews have been published<sup>1</sup> or ongoing<sup>2</sup> on the impact of the pandemic on risk of COVID-19 among patients with cancer, risk of dying from COVID-19 among patients with cancer, on prevalence of tobacco smoking, and cancer services. Ongoing qualitative assessment is being performed to assess disruptions and mitigations strategies during COVID-19 pandemic in several PS. Finally, an online tool to assess the impact of COVID-19 pandemic on the Global Cervical Cancer Elimination Initiative is being developed, to be launched early 2023.

6. The unprecedented rise in the demand for health services during the pandemic created major capacity constraints with consequent delays in cancer screening, diagnosis, surgery, radiotherapy, and chemotherapy. In many transitioning countries, the pandemic merely exacerbated pre-existing issues of health systems capacity. The longer-term concern is that backlogs of undetected cases with a worsening stage distribution will ultimately lead to an increased excess cancer mortality in future years. Moving forward, the Initiative is evolving to embrace a post-pandemic future that assesses health systems resilience in the face of change. Building on the recent collaborative work on cervical cancer, the global platform being developed will support national cancer planning before, during and after national or international emergencies, with an initial focus on breast, colorectal and lung cancer. The interactive tool will provide predictions of the future incidence and mortality burden for each of these three cancers that incorporate user-adjustable scenarios that quantify the impact of: i) effective interventions; ii) health systems disruption, and iii) mitigation: recovery and preparedness strategies.

7. The Scientific Council is invited to provide comments and/or note this update.

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<sup>1</sup> Published systematic reviews:

Freeman V et al. Are patients with cancer at higher risk of COVID-19-related death? A systematic review and critical appraisal of the early evidence. *J Cancer Policy*. 2022;33:100340. <https://pubmed.ncbi.nlm.nih.gov/35680113/>

Carle C et al. The risk of contracting SARS-CoV-2 or developing COVID-19 for people with cancer: A systematic review of the early evidence. *J Cancer Policy*. 2022;33:100338. <https://pubmed.ncbi.nlm.nih.gov/35671919/>

Sarich P et al. Tobacco smoking changes during the first pre- vaccination phases of the COVID-19 pandemic: A systematic review and meta- analysis. *EClinicalMedicine*. 2022;47:101375. <https://pubmed.ncbi.nlm.nih.gov/35434579/>

<sup>2</sup> Submitted systematic reviews:

Steinberg J et al. Risk of COVID-19 death for people with a pre-existing cancer diagnosis prior to COVID-19-vaccination: a systematic review and meta-analysis.