



**Governing Council**  
**Sixty-sixth Session**

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*Hybrid format*

## ACCEPTANCE OF GRANTS AND CONTRACTS

### 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.

#### **Cancer Surveillance Branch (CSU)**

##### 1.1 Project title: **Supporting Population-Based Cancer Registries Phase V**

This project is part of the overall efforts for the Global Initiative for Cancer Registry Development (GICR). It brings together a collaboration with various partners to assist in capacity building in Africa and Asia. It will support the development of global goods in cancer registration and directed support in selected countries. It allows the GICR model to be more fully implemented. The International Agency for Research on Cancer (IARC) will work closely with country representatives, the African Cancer Registry Network, the GICRNet trainers, the IARC GICR Collaborating centres and Vital Strategies.

Donor:	Vital Strategies (US)
Duration:	6 months
Funds for IARC:	€103 169.00 (US\$ 113 000.00)
Funds for partners:	n/a
Total:	€103 169.00 (US\$ 113 000.00)
<b>Partner:</b>	n/a

1.2 Project title: **Targeting Childhood Cancer through the Global Initiative for Cancer Registry development (ChildGICR, Year 4)**

In recognition of the shared mission to improve the outcomes of childhood cancer, St. Jude Children's Research Hospital (SJCRH) and IARC recognize a common goal to implement a bilateral childhood cancer collaborative initiative through the GICR. The aims of this programme include: (1) Expanding and improving data for cancer control; (2) Developing educational strategies to strengthen the cancer registry workforce globally at scale, and (3) Conducting relevant epidemiologic and health economics research.

Within the ChildGICR programme, efforts and funding undertaken will primarily focus on cancer control in childhood and adolescent populations (0-19 years). ChildGICR will be developed in collaboration with SJCRH and with SJCRH financial support in complement with the on-going World Health Organization (WHO) Global Initiative on Childhood Cancer (GICC). Proposed workplan and budgets span more than one year, although they are renewed annually, commensurate with the SJCRH budgetary process.

Donor:	St Jude Children's Research Hospital (US)
Duration:	12 months
Funds for IARC:	€294 457.14 (US\$ 324 292.00)
Funds for partners:	n/a
Total:	€294 457.14 (US\$ 324 292.00)
Partner:	St Jude Children's Research Hospital (US)

1.3 Project title: **Support to Development of Oncology Services Project in the Republic of Uzbekistan, Phase II**

*[Multi-Branch project with the Early Detection, Prevention & Infections Branch (EPR)]*

Through official request No. EG-V-01/07-732, the Islamic Development Bank (IsDB) Governor for Uzbekistan has requested the IsDB to finance US\$ 67 million for the Second Phase of the Oncology Services Development Project (UZB1021) to support modernization of the oncology centers. During the CPPR Mission in December 2019, given the growing need of the country to modern oncology services it was recommended to increase the IsDB approval to US\$ 80 million. The project aims to enhance accessibility and quality of oncology services in Uzbekistan through construction/rehabilitation and equipping of 16 oncology centers and oncology cabinets in the selected districts, institutional and human resources capacity building, and development/updating of the guidelines and clinical protocols. The project will include the following components: (i) Improving access to quality oncology services through construction/rehabilitation and equipping of medical/oncology facilities; (ii) Improving quality of oncology services; (iii) Institutional and human resource capacity building; and (iv) Support to project management. IARC is involved in Sub-component 3.1: Strengthening of Cancer Registry system.

This will include a series of activities to improve and standardize cancer registration procedures and build capacity of the cancer registry staff.

The priority areas of work will include: (i) development and follow up of a targeted Action Plan on all cancer registry operations; (ii) Guidelines on required software functionalities and support in software implementation; (iii) Support in development of Standard Operation Manual; (iv) Series of training workshops for PBCR teams in different regions at basic, intermediate and advanced levels.

Implementation of early diagnosis and control of gastrointestinal cancers is also a priority for Uzbekistan, due to the high incidence and mortality of these cancers in the country. Early diagnosis programs for gastrointestinal cancers should be implemented with the objective of reducing delays between the detection of the first symptoms and the start of the treatment.

Similar to the approach for breast cancer early detection, a situational analysis will be conducted to inform national strategies for early diagnosis, addressing common barriers along the patient pathway. The priority areas of work will include: (i) strengthening the capacity of health workers in primary contact points through training seminars on early diagnosis of gastric, colorectal and liver cancers for primary care providers; (ii) strengthening the capacity for diagnostic and pathological services; (iii) support the development of referral mechanisms and clear navigation pathways and care integration; and (iv) support the revision of national guidelines for early detection of gastric, colorectal and liver cancers and reviewing/revising the existing guidelines for diagnosis and treatment of these cancers, and printing and distribution of those guidelines.

Donor:	Islamic Development Bank (SA) through the Ministry of Health of the Republic of Uzbekistan
Duration:	45 months
Funds for IARC:	€531 654.89 (US\$ 573 522.00)
Funds for partners:	n/a
Total:	€531 654.89 (US\$ 573 522.00)
Partner:	World Health Organization - Regional Office for Europe (DK)

### **Office of the Director (DIR)**

#### **1.4 Project title: CVCA – towards the implementation of the IARC Medium-Term Strategy (MTS) 2021– 2025**

The funds were used to acquire a new state-of-the art platform for metabolomics, consisting of two liquid chromatography-mass spectrometry (LC-MS) instruments from Agilent Technologies: a time-of-flight system Revident, and a triple quadrupole system 6495. With this combination, IARC will have instrumentation that meets the demands of modern metabolomics research applied to large-scale cancer epidemiologic studies, a field where the Agency has already become a globally recognized expert.

Metabolomics is a powerful discovery method, allowing simultaneous measurement of thousands of molecules in clinical samples. This enables identification of metabolites associated with different exposures, phenotypes, or other factors, without limiting the research questions to preselected target metabolites.

Once operational, the first study where the new platform will be employed is a recent European Commission-funded study DISCERN, which aims to understand the causes of three poorly understood cancers in Europe, renal, pancreatic and colorectal cancer, and help to explain their geographical distribution. This study involves metabolomics analysis of close to 10 000 blood samples and will be followed up by other studies on molecular risk factor of different cancers.

Donor: German Federal Ministry for Health (DE)  
Duration: 14 months  
Funds for IARC: €450 000.00  
Funds for partners: n/a  
Total: €450 000.00  
Partner: n/a

### 1.5 Project title: **60<sup>th</sup> IARC anniversary**

To maximize the visibility of the Agency and deliver on the expected results as defined in the Communication and Dissemination Strategy, IARC is embarking on a new journey by creating a year-long campaign to celebrate the 60<sup>th</sup> anniversary of the Agency. As we approach our 60<sup>th</sup> year, IARC stands at the intersection of legacy and innovation. While our contributions to cancer research are widely recognized within the cancer research community, we know that IARC's impact extends far beyond these circles. The IARC@60 campaign is a strategic initiative designed to bridge this gap, bringing our mission and accomplishments to the forefront of global consciousness.

#### Campaign Objectives:

- **Elevating Visibility:** IARC@60 is our beacon for reaching new horizons. By increasing our visibility, we position IARC as a key player not just in cancer research but as a vital force in shaping global health policies.
- **Enhancing Reputation:** beyond a mere milestone, this campaign solidifies IARC's reputation as a transformative force. We aim to be recognized not only for our historical contributions but for our ongoing commitment to innovation and progress.
- **Attracting New Stakeholders:** IARC's journey doesn't exist in isolation. We seek to engage new Participating States, policymakers, donors, and strategic partners who share our vision and can contribute to the collective global effort against cancer.
- **Showcasing Impact:** IARC has been at the forefront of producing public goods that transcend boundaries. IARC@60 is our canvas to showcase the impact of initiatives like *Monographs*, *Globocan*, and *CanScreen5*, emphasizing how they contribute to global health and scientific advancement.

Donor: Charities Aid Foundation (GB)  
Duration: 36 months  
Funds for IARC: €1 000 000.00  
Funds for partners: n/a  
Total: €1 000 000.00  
Partner: n/a

### **Early Detection, Prevention, and Infections Branch (EPR)**

#### **1.6 Project title: Monitoring impact of hepatitis elimination**

Since 2016, the WHO Global Health Sector Strategy on hepatitis calls for elimination through scaled up prevention, testing and treatment. Elimination of hepatitis as a public health threat is defined as -90% reduction in incidence and -65% reduction in mortality compared with the 2015 baseline. Modelling studies suggest that diagnosing 90% of those infected and treating 80% of those diagnosed would meet the mortality reduction goal. However, such studies are limited by the absence of reliable, empirical data on the population-based prevalence of the stage of severity of persons with Hepatitis B virus (HBV) or Hepatitis C virus (HCV) infection. Empirical data measuring directly how testing and treatment affects the fractions of cirrhosis and hepatocellular carcinoma (HCC) from HBV and HCV are essential for data validation. IARC is in a unique position to conduct that role given its expertise in the measurement of (a) the incidence of HCC and (b) the fractions of cirrhosis and HCC associated with HBV, HCV and other etiologies.

Donor:	World Health Organization - Headquarters (CH)
Duration:	10 months
Funds for IARC:	€124 608.00 (US\$ 132 000.00)
Funds for partners:	n/a
Total:	€124 608.00 (US\$ 132 000.00)
Partner:	n/a

#### **1.7 Project title: A novel, one stop, affordable, point of care and artificial intelligence supported system of screening, triage and treatment selection for cervical cancer and precancer in Low- and Middle-Income Countries (LMICs)**

We propose to adapt, apply, and evaluate two emerging technologies: a) Artificial Intelligence (AI) supported spectroscopic detection of high-risk human papillomavirus (hrHPV) in urine for cervical cancer screening and b) AI supported cervical image interpretation for diagnosis and treatment guidance. Together these will represent a fluent, user-friendly and affordable system for cervical cancer screening, diagnosis and treatment selection (ablation or excision) specifically for LMICs. Our team comprising of clinicians experienced in conducting field trials in LMICs, internationally recognized inventors in cervical precancer treatment technologies, biomedical engineers in spectroscopy, AI software developers and molecular biologists will work together on an existing spectroscope and device prototype to deliver a comprehensive AI-based solution to cervical cancer screening and treatment in LMICs.

Donor:	National Institutes of Health - National Cancer Institute (US)
Duration:	60 months
Funds for IARC:	€701 129.45 (US\$ 772 169.00)
Funds for partners:	€1 639 759.02 (US\$ 1 805 902.00)
Total:	€2 340 888.47 (US\$ 2 578 071.00)

Partners: Neo Sense Vector (US), University of San Francisco (US), University of Zimbabwe (ZW), University of Central Lancashire (GB)

**1.8 Project title: Improving Cancer Screening, Surveillance and Communication in the Gulf Region - a collaboration between IARC and the Gulf Centre for Disease Prevention and Control (CDC)**

The core objective of CanScreen5 is to encourage and support countries to collect and use cancer screening data for effective programme evaluation and quality improvement by analysis of collected data and benchmarking. One of the most important assets of the project is the capacity building of cancer screening programme managers. The present proposal intends to identify one partner to host a HUB for CanScreen5 training. HUBs are quite important in tackling the region's specific challenges, but they also allow for the sustainability of the project, as the partner builds ownership of the HUBs and facilitates the buy-in of the key stakeholders in the region. Thus, we are proposing to create a regional HUB for the CanScreen5 program, managed by the Gulf CDC, including a comprehensive training of trainers programme. The GICR has been conducting activities in the region since 2015, working together with its IARC Regional Hub for Cancer Registration in Central & Western Asia and Northern Africa and the WHO Regional Office for Eastern Mediterranean (WHO EMRO) to provide country- or region-specific support and training. Even though all Gulf Cooperation Council countries have population based cancer registries (PBCRs), their data quality, capacity and visibility could be improved to better inform cancer control. A key goal of the Action Plan is therefore to ensure progress in countries in the region in the development of sustainable and high-quality cancer surveillance systems for cancer control. An emphasis is placed in this proposal on: 1. building capacity at the Gulf CDC; 2. interacting with countries to support establishing of a network; 3. providing training on the basics of population-based cancer registration; and 4. developing collaborative research projects.

Donor:	Gulf Center for Disease Prevention and Control (SA)
Duration:	36 months
Funds for IARC:	€1 046 601.48 (US\$ 1 104 010.00)
Funds for partners:	n/a
Total:	€1 046 601.48 (US\$ 1 104 010.00)
Partner:	n/a

**1.9 Project title: Validation of Indian Indigenous Human Papillomavirus (HPV) Tests for Cervical Cancer Screening (i-HPV protocol)**

Cervical cancer is caused by persistent infection with high-risk HPV genotypes, namely, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59, being HPV 16 and 18 responsible for 70% of cancers. This knowledge has led to the development of several prevention strategies such as HPV vaccination and HPV-based cervical screening. HPV testing (based on the detection of the 12 high-risk genotypes) is highly sensitive for detection of precancerous lesions of the cervix (CIN2+) and is recommended by WHO for primary cervical cancer screening in women over 30 years. About 10%-15% of women test positive for HPV, however, most of them do not have high-grade cervical disease. Therefore, triage of HPV-positive women (i.e., subsequent tests) is recommended to avoid unnecessary referrals. Partial genotyping of HPV16/18 is one of the main

triage options recommended by WHO. However, the sensitivity of this approach is limited (~55%), and follow-up of HPV-positive women who test negative for HPV16/18 is required.

Adding optimal combinations of other high-risk genotypes to partial genotyping HPV16/18 may improve the specificity of HPV testing for primary screening with minimal loss in sensitivity. The main advantage of partial genotyping is that it is done in the same sample collected at the screening without requiring additional visits for triage.

In addition, further optimisation of the screening and immediate triage by partial genotyping could be achieved if turnaround times are minimal (<60 min), i.e., point-of-care (POC) tests. Emerging indigenous HPV tests with such features are being developed worldwide but need validation. Biobanked cervical samples, such as those from studies conducted by IARC, could facilitate fast-track validation. We aim to evaluate four indigenous POC HPV tests developed by partners in India using IARC-stored samples of women aged 30-64 years participating in the multicentric ESTAMPA study.

Donor:	Bill & Melinda Gates Foundation (US)
Duration:	five months
Funds for IARC:	€112 440 (US\$ 120 000.00)
Funds for partners:	n/a
Total:	€112 440 (US\$ 120 000.00)
Partners:	All India Institute of Medical Sciences (IN), Costa Rican Department of Social Security (CR), National Institute of Infectious Diseases - ANLIS "Dr. Malbrán Argentina (AR)

1.10 Project title: **HPV self-sampling in the general population: Efficacy, feasibility, acceptability, and cost-effectiveness**

A population-based organized cervical cancer screening programme is in place in France since 2018. Screening is based on cytology in women aged 25-29 and on HPV test in women aged 30 to 64 years old, collected by a health professional. The current participation rate to the screening programme is sub-optimum (59%), far away from the national standards of the French Cancer Plan of 80%.

Currently, the Ministry of Health (MoH) is focusing its efforts on the non-participating women and on the vulnerable populations, by sending a recall letter with an HPV self-sampling test, 12 months after invitation. In 2023, the French MoH, through the National Cancer Institute (INCa) decided to open a call to evaluate the use of HPV self-sampling in the general target population, not only the vulnerable women.

Additionally, several countries are inviting women for cervical cancer screening in giving the option of an HPV self-sampling (The Netherlands and Australia, for instance). Giving the choice of the sampling modality (self or provider) increases women empowerment and is thought to improve their participation to cancer screening. France is interested in measuring the impact of the informed choice of sampling modality on the screening participation.

The current project aims at evaluating the relevance of HPV self-sampling in the general population to support the MoH in decision-making.

Donor: Institut National du Cancer (FR)

Duration: 36 months

Funds for IARC: €400 246.00

Funds for partners: €88 876.00

Total: €489 122.00

Partners: Centre Régional de Coordination du Dépistage des Cancers, Grand-Est (FR), Centre Hospitalier Régional Universitaire de Nancy (FR), Centre Hospitalier Universitaire de Reims (FR)

**Evidence Synthesis and Classification Branch (ESC)**

1.11 Project title: **Project title: IARC Handbooks of Cancer Prevention Volume 20B. Alcohol control Policies**

Alcoholic beverages were first classified by the *IARC Monographs* as Group 1 carcinogen in 1987, based on sufficient evidence for cancers of the oral cavity, pharynx, larynx, oesophagus, and liver. Updated evaluations expanded the list to include cancers of the colorectum and female breast. Conversely, there had never been an evaluation of the reversal in cancer risk upon reduction or cessation of alcohol consumption, or of the effectiveness of alcohol control policies.

The *IARC Handbooks* Programme is filling this knowledge gap with a 2-part volume on alcohol control. To this end, the Programme recently reviewed and evaluated the evidence for reduction of alcohol consumption in reducing cancer risk (Volume 20A) and concluded that reducing or quitting alcohol consumption prevents cancer.



Therefore, alcohol control policies have the potential to prevent cancer through their effect on consumption. In Volume 20B, *IARC Handbooks Programme* is reviewing and evaluating the evidence for the effectiveness of interventions aimed at reducing alcohol consumption such as taxation, policies limiting physical availability, and marketing restrictions. Together with Volume 20A, Volume 20B will lead to the evaluation of the evidence for these alcohol control policies as cancer preventive interventions.

Donor:	World Health Organization - Regional Office for Europe (DK)
Duration:	24 months
Funds for IARC:	€299 998.00
Funds for partners:	n/a
Total:	€299 998.00
Partner:	n/a

### **Genomic Epidemiology Branch (GEM)**

#### **1.12 Project title: The Lung EARly Proteins project: A LEAP towards implementing biomarkers in lung cancer screening**

Lung cancer is the most common cause of cancer death worldwide. Randomized trials have demonstrated that screening by low-dose CT can reduce lung cancer mortality among current and former smokers. However, current screening criteria exclude many future lung cancer cases, and there are important harms from identifying benign nodules.

The balance of benefits and harms could be improved by leveraging novel tools to optimize decision making. Our objective is to translate a novel panel of protein biomarkers – the Lung EARly Proteins (LEAP) panel – to optimize the decision (1) to initiate screening and (2) to biopsy a nodule.

Current work by our group, within the framework of an NCI-funded U19 project, is finalizing the design of the LEAP panel for early lung cancer detection. Our full discovery phase analyzed 1 158 annotated proteins in pre-diagnostic plasma samples collected up to three years before diagnosis among 504 lung cancer cases and matched controls. A targeted discovery step measured 481 of these proteins among 954 additional samples.

Separately, we measured 1 081 proteins among 338 individuals who had malignant or benign nodules detected during lung cancer screening. Following excellent replication of proteins identified in the full discovery, we have selected 21 proteins to include on the LEAP panel, whose technical design is planned for completion in December 2021.

Our proposed R01 project will carry out two targeted, late-stage translational studies to evaluate the potential to implement the panel in two scenarios. We will address the following specific aims: Aim 1: Determine whether within-person changes in protein markers over time can better predict development of lung cancer than a single measurement. Aim 2: Evaluate whether the LEAP panel can aid the decision to biopsy a screen-detected lung nodule by identifying cancers among high-risk nodules.

Donor:	National Institutes of Health - National Cancer Institute (US)
Duration:	60 months
Funds for IARC:	€1 152 375.67 (US\$ 1 168 738.00)
Funds for partners:	€838 395.80 (US\$ 850 300.00)
Total:	€1 990 771.47 (US\$ 2 019 038.00)
Partners:	Brown University (US), Fondazione IRCCS Istituto Nazionale dei Tumori / National Tumor Institute - IRCCS Foundation (IT), University of Pittsburgh (US), Fred Hutchinson Cancer Center (US), National Institutes of Health - National Cancer Institute (US), St Elizabeth Medical Center (US)

#### 1.13 Project title: **Reconciling lung carcinoids histopathological and molecular classifications**

Lung neuroendocrine tumors (LNET) include typical and atypical carcinoids, with varying metastasis rates affecting prognosis. Our recent study offers the first comprehensive molecular analysis, revealing molecular groups A1, A2, and B, alongside efforts to find prognostic markers for better classification. Current diagnostic methods lack consensus, emphasizing the need for an integrated classification approach. Our project aims to unify histopathological and molecular classifications through evaluating immunohistochemistry markers, molecular imaging, and analyzing morphology with AI and spatial proteomics across molecular groups. This multidisciplinary effort seeks to refine LNET classification, improve diagnosis, and open pathways for new treatments, aiming for a prognostically relevant, unified classification system.

Donor:	Neuroendocrine Tumor Research Foundation (US)
Duration:	24 months
Funds for IARC:	€247 860 (US\$ 270 000.00)
Funds for partner:	n/a
Total:	€247 860 (US\$ 270 000.00)
Partners:	Centre Léon Berard (FR), Ecole centrale de Lyon (FR), Assistance Publique – Hôpitaux de Marseille (FR), Hospice Civil de Lyon (FR), Maimonides Biomedical Research Institute of Cordoba (ES)

#### 1.14 Project title: **Elucidating the genomic effects of obesity in breast cancer. A closer look at LMICs.**

The number of newly diagnosed breast cancer (BC) cases is projected to grow by over 40% in 2040. A particularly large relative increase will be seen in LMICs. Levels of overweight and obesity across LMICs have been increasing rapidly, affecting particularly women in the Middle East, North of Africa, and Latin America. Obesity has been shown to be a BC risk factor for many years. However, studies about the biological and genomic impact of obesity on breast cancer are limited.

There is growing evidence demonstrating that obesity drives breast cancer development through biological mechanisms associated with increased levels of DNA damage and impaired DNA damage response (DDR).

The O-BRIDGE project aims to understand the genomic effects of obesity in DNA damage and DDR in BC by conducting integrative genomic analyses of 500 BC patients from six LMICs. We propose to combine whole genome and RNA sequencing data with detailed information on demographics, anthropometric measurements, and histopathology to elucidate the biological effect of obesity in breast cancer development. The findings of this work will improve our understanding of the biological mechanisms of obesity as a risk factor for BC development. Our focus on women of LMICs where the burden of obesity and BC is increasing will provide additional relevant evidence for preventive interventions in these regions.

Donor:	Institut National du Cancer (FR)
Duration:	36 months
Funds for IARC:	€328 212.00
Funds for partners:	€561 600.00
Total:	€889 812.00
Partners:	Commissariat à l'Energie Atomique et aux Energies Alternatives (FR), Cornell University (US), Centre National de Génotypage (FR)

### **Nutrition and Metabolism Branch (NME)**

#### **1.15 Project title: Tackling micronutrient malnutrition and hidden hunger to improve health in the EU**

WHO describes micronutrient (Mn) deficiency as a form of malnutrition that occurs due to low intake and/or absorption of minerals and vitamins. Deficiencies of micronutrients (Mns), such as iron, zinc, iodine, folate, vitamins A, B12 and D, amongst others, compromise the immune system, disrupt childhood growth and brain development and accelerate multi-system aging and non-communicable diseases. The concept of this Zero-Hidden Hunger project is designed to focus the research effort around quality data resources and existing biobanks from National Nutrition/Health Surveys and quality representative population cohorts and biobanks, supplemented by targeted studies in unrepresented groups, so as to address the fundamental knowledge gaps regarding micronutrient deficiencies, their determinants and health consequences. In this way, the project will leverage previous European Commission and member state investments. Zero\_HiddenHunger\_EU will implement an integrated program of research across three pillars and nine work-packages to achieve its aims.

Donor:	European Commission - Research and Innovation (BE)
Duration:	48 months
Funds for IARC:	€449 266.25
Funds for partners:	€7 736 163.25
Total:	€8 185 429.50

Partners: National University of Ireland, Galway – NUI (IE), University College Cork (IE), Wageningen University (NL), Technical University of Denmark (DK), University of Southern Denmark (DK), European Food Information Resource Network - EuroFIR AISBL (GB), SWISS NATIONAL AND HEALTH FOUNDATION (CH), Harokopio University (GR), National Institute for Health and Welfare – THL (FI), Max Rubner-Institute (DE), CIBER Epidemiology and Public Health (ES), Institute for Medical Research (RS), European Food Information Council (BE), European Public Health Alliance – EPHA (BE), Crowdhelix (GB), University of Surrey (GB), Quadram Institute (GB), REM Analytics SA (CH)

### **Learning and Capacity-Building Branch (LCB)**

#### **1.16 Project title: Comprehensive Cancer Infrastructures 4 Europe**

The project will support EU Member States (MS) in improving or developing their existing or future Comprehensive Cancer Infrastructures, focusing on developing their research innovation and digital-related capacities and their integration with cancer care. It aligns with IARC's project tree objective 4.1.

The IARC Learning and Capacity Building Branch (LCB) team manages the IARC Learning portal and works alongside research branches to design and develop evidence-based learning modules and programmes for researchers and other stakeholders in cancer research for cancer prevention. The online component of IARC' capacity building programme has exponentially increased over the last three years. Resources are needed to stabilize and further improve our eLearning infrastructure and to develop learning contents.

Financial resources of this project will be shared between the LCB branch and the Cancer Surveillance (CSU) and Early Detection, Prevention and Infections (EPR) branches, which provide expertise respectively in cancer surveillance and cancer early detection in several work packages of the project, including capacity assessments/building in selected countries ("deep dives").

CCI4EU will also allow the setup/strengthening of links and networking opportunities with other key capacity-building actors in the field of cancer control in Europe.

Donor:	European Commission - Research and Innovation (BE)
Duration:	36 months
Funds for IARC:	€348 581.25
Funds for partners:	€9 635 498.75
Total:	€9 984 080.00

Partners: Organisation of European Cancer Institutes (BE), European Organisation for Research and Treatment of Cancer (BE), DiGital Institute for Cancer Outcomes Research (BE), Fondazione IRCCS Istituto Nazionale dei Tumori / National Tumor Institute – IRCCS Foundation (IT), Vall d’Hebron Institute of Oncology (ES), German Cancer Research Center (DE), German Cancer Society (DE), Alliance Against Cancer – Alleanza contro il cancro (IT), Oslo University Hospital (NO), Institut Curie (FR), Karolinska Institute (SE), Masaryk Memorial Cancer Institute (CZ), Dresden Technical University (DE), UNICANCER (FR), Sciensano (BE), Maria Sklodowska-Curie Institute of Oncology (PL), European School of Oncology (IT), Institut Gustave Roussy (FR), National Institute of Oncology (HU), Netherlands Comprehensive Cancer Organisation – Integraal Kankercentrum Nederland (NL), European Cancer Patient Coalition (BE), European Cancer Organization (BE), National Institute of Public Health and National Research Institute - NARODOWY INSTYTUT ZDROWIA PUBLICZNEGO PZH - PANSTWOWY INSTYTUT BADAWCZY (PL), University of Latvia (LV), Ministry of Health, the Elderly and Community Care (MT), Sisters of Charity Hospital (HR), Tartu University Hospital (EE), Catalan Institute of Oncology (ES), National Cancer Institute (LT), Institute of Oncology of Ljubljana (SI), LINAC-PET SCAN OPCO LIMITED (CY), Institute of Oncology of Republic of Moldavia - Instituției Medico-Sanitare Publice Institutul Oncologic (MD), RE Kavetsky Institute of Experimental Pathology, Oncology and Radiobiology of National Academy of Sciences of Ukraine (UA), Trinity College Dublin (IE), Athens General Oncology Hospital Agios Savvas General Anticancer Oncology Hospital (GR), Institut Jules Bordet (BE), Porto Comprehensive Cancer Centre - Instituto Português de Oncologia do Porto - IPO Porto (PT), Biomedical Research Center SAS - Biomedicínske centrum SAV (SK), Candiolo Cancer Institute - Istituto di Candiolo - Fondazione del Piemonte per l'Oncologia – IRCCS (IT), Prof Dr Ion Chiricuta Oncology Institute – IOCN (RO), Bulgarian Joint Cancer Network (BG), Helsinki University Hospital – HUS (FI), Goethe University Frankfurt (DE), Istituti Fisioterapici Ospitalieri (IT), National Cancer Institute - Institut National du Cancer à Strassen (LU), European Academy of Cancer Sciences (BE), European Society of Paediatric Oncology (BE), The European Association for Cancer Research (GB), European Society for Medical Oncology (CH)

## **2. Prior approval for projects in collaboration with the private sector**

*There are no projects to be considered for prior approval this year.*

## **3. Prior approvals**

The Governing Council is invited to consider, for approval, one project that requires more than €100 000 per annum, excluding the principal investigator’s staff costs, from the IARC regular budget; and two projects submitted over €500 000 per annum, excluding sums passed on to collaborating institutions.

*Please note the following projects have been provisionally approved by the Chairperson of the Governing Council.*

## **Early Detection, Prevention, and Infections Branch (EPR)**

### **3.1 Project title: European Cervical Screening Quality Assurance Update**

IARC was strategically selected to lead the update of the European guidelines for Quality Assurance (QA) in cervical screening through direct funding from the European Commission and the proposal was included in the Europe Beating Cancer Plan.

This decision recognizes IARC's position as a global leader in promoting cooperation and implementation in the international cancer community. By engaging with our extensive networks and finding synergies with active projects on improving cancer screening in Europe, we hope that the updated guidelines and QA scheme can be implemented in different contexts and widely improve the quality of care offered to women.

This project acknowledges IARC's extensive experience in developing reference documents and guidelines. Furthermore, this project provides a unique opportunity to work directly with the Joint Research Centre, who are developing the European QA guidelines for Breast and Colorectal cancer using the same methodologies, and for us to align on an important European project.

The project is perfectly aligned with IARC MTS- 'Evaluate and implement cancer prevention and control strategies' and the IARC Project Tree objective 3.2 'Enhance the implementation of cancer prevention and control programmes'. The evidence review and synthesis for HPV vaccination and cervical cancer screening will be of global benefit as the landscape of both screening and vaccination is fast changing.

In this project we will: (i) update evidence-based clinical guidelines on the secondary prevention of cervical cancer for European countries including risk-stratification for higher-risk women (eg transplant patients, women living with HIV) and lower-risk women (HPV vaccinated women); (ii) update recommendations on implementing population-based cervical cancer screening incorporating all the essential components of organized cancer screening identified by the IARC expert group; (iii) incorporate use of indicators, benchmarks, and user-friendly tools for monitoring and evaluation of cervical cancer screening being developed by the IARC-led Canscreen-ECIS project in the updated guidelines; (iv) develop a voluntary quality assurance scheme for cervical cancer screening services covering the full continuum of cervical cancer screening and care (primary, secondary and tertiary prevention of cervical cancer); and (v) include in the recommendations a guidance to countries to measure inequalities in cervical cancer prevention and care using the indicator framework developed by the European Cancer Inequalities Registry.

This project takes practical steps to support the science Advice for Policy by European Academies (SAPEA) recommendations to introduce and scale up HPV detection based cervical cancer screening and encourage continued improvements through agreed Quality assurance benchmarks and tools for regular monitoring and evaluation.

The evidence-based recommendations, implementation guidelines and quality assurance scheme will support the countries to achieve target set by the EU Beating Cancer Plan to ensure that 90% of the EU population who qualify for cervical cancer screening are offered it by 2025.

The project will also provide guidance on the different components of organization of quality-assured cervical cancer screening programmes for the European countries to follow. Overall, by supporting the countries to implement quality-assured population-based cervical cancer screening our project will help to reduce morbidity and mortality from cervical cancer in Europe, reducing inequalities and adopting

a more patient-centred approach and thus, will ensure that Europe is aligned to the WHO's cervical cancer elimination targets by 2030. The evidence and the recommendations can be used by any other country to update the vaccination and screening guidelines.

Donor:	European Commission - European Health And Digital Executive Agency / EU4H (BE)
Duration:	36 months
Funds for IARC:	€1 080 000.00
Funds for partners:	n/a
Total budget cost:	€1 800 000.00

### 3.2 Project title: **HPV Vaccine Effectiveness Coordination Center**

The overarching objective of this proposal is to promote a sustainable and reliable assessment of HPV vaccine effectiveness across LMICs. This is essential to provide local evidence to inform local cervical cancer control policies and to ensure the comparability of such assessments across countries, populations, and over time.

To reach this objective, we propose to set up, at the IARC/WHO in Lyon, an International Coordination Center (ICC) for initiatives aimed at measuring the age- and type-specific HPV prevalence and at assessing local population-based HPV vaccine effectiveness. Building upon the extensive experience in conducting similar studies developed by IARC staff and their partners across the world, the ICC will develop standardized and exportable procedures to plan, prepare, conduct, monitor, and analyze findings from HPV prevalence cross-sectional surveys targeted at women from selected populations in resource limited settings and designed to monitor the effectiveness, i.e. population-level impact, of HPV vaccination (objective n. 1).

The necessary skills and tools to perform the different phases of the cross-sectional surveys will then be transferred to local personnel from partner institutions in selected countries through a specific training strategy (objective n.2). The corresponding field work will then be monitored by the coordination centre to ensure adequate quality standards, and finally the collection of acquired data will be centralized to allow for comprehensive, transparent, and standardized analyses of the collected data (objective n.3).

Donor:	Bill & Melinda Gates Foundation (US)
Duration:	60 months
Funds for IARC:	€3 213 228.93 (US\$ 3 414 696.00)
Funds for partners:	€832 734.18 (US\$ 884 946.00)
Total:	€4 045 972.53 (US\$ 4 299 652.00)
Partners (provisional)	Institutional collaborators in Bangladesh, Indonesia and Eswatini

**Environment and lifestyle epidemiology Branch (ENV); Epigenomics and mechanisms Branch (EGM);  
Cancer Surveillance Branch (CSU)**

3.3 Project title: **Project title: Cancer in Children – Epidemiology, Registration, Omics**

Activity A / Main objective is to fill gaps in knowledge on the occurrence, presentation, risk factors, and prognosis in this under-researched region, which is at the same time very insightful for the interpretation of findings from Europe and North America.

The societal impact in Africa is expected to be large, as currently childhood cancer is practically unseen in Africa. Unseen however does not mean it does not exist. Outside the main metropolitan centers, there is no infrastructure for diagnosis and no awareness in the population or among generalist health workers. It is believed that a majority of childhood cancer patients, especially under the age of five years, are never seen or ascertained by the health system, and among those being diagnosed survival is massively lower than in High-Income Countries (HIC). For instance, the survival of the most common subtype (lymphoblastic leukaemia) is over 90% in HIC compared to less than 20-30% in most sub-Saharan Africa, based on sporadic reports.

In addition to enhance our epidemiological understanding of awareness, journey to diagnosis, treatment completion, and one-year survival, we will generate and describe epigenetic profiles of samples from the African childhood cancer cases and compare these epigenetic profiles from cancer cases and potential “signatures” associated with main risk factors with those from childhood cancer databases from Europe/North America.

Activity B / Quality data are required to establish baseline, benchmarks, and goals to control cancer in children. However, data on the global cancer burden in children are fragmented, and the estimates attempting to fill the gap differ as much as the assumptions they are based on. Using the awarded funds, we will develop a one-stop online resource for data on childhood cancer within the framework of the Global Cancer Observatory. We will make available the maximum data collected at IARC, published in scientific publications or estimated.

The childhood cancer indicators will include incidence, mortality, survival, prevalence and risk of subsequent cancers in childhood cancer survivors. This information will be released gradually as it is developed and processed for online display. We also plan to collect economic data in selected countries and settings, which will also be displayed online. With this resource we will demonstrate the commitment of IARC to support cancer control in childhood population, raise awareness of childhood cancer burden and improve capacity to measure progress.

Donor:	Ministry of Health, Welfare and Sport of Netherlands (NL)
Duration:	36 months
Total budget:	€1 998 055.00
Funds for partners:	€463 000.00
Total funds to be received by IARC:	€1 535 055.00
Principal partner:	Princess Máxima Center (NL)

**4. Interest income from grants**

There was no interest income apportioned to be reported on IARC grants active in 2023 (As per Resolution [GC/55/R23](#)).