



**Governing Council
Sixty-sixth Session**

GC/66/2-Revision 2
25 April 2024

Lyon, 15–16 May 2024
Hybrid format

ADMISSION OF A NEW PARTICIPATING STATE
The Government of the Kingdom of Saudi Arabia

1. The Director has the honour to inform the Governing Council that the Government of the Kingdom of Saudi Arabia has applied to be admitted as a Participating State in the International Agency for Research on Cancer. This application was communicated under cover of a Note Verbale to the Director-General of the World Health Organization dated and received on 15 February 2024 (see Appendix below).
2. The Director-General transmitted this application to all Participating States by a Note Verbale on 13 March 2024 and informed them that it would be considered by the Governing Council in accordance with Rule 50 of the Rules of Procedure of the Governing Council.
3. The documents in relation to the application of the Government of the Kingdom of Saudi Arabia were sent for review to the members of the Governing Council Subcommittee on the Admission of New Participating States, who will meet by teleconference on 23 April 2024, and report to the Sixty-sixth Session of the Governing Council.
4. A report on cancer research activities by the Government of the Kingdom of Saudi Arabia is also appended (see Appendix below).

APPENDIX

MISSION PERMANENT DU ROYAUME
D'ARABIE SAOUDITE AUPRÈS DES NATIONS UNIES
GENÈVE



الوفد الدائم للمملكة العربية السعودية
لدى المقر الأوربي للأمم المتحدة
جنيف

Ref. No. 413/ 2043

Geneva, 15 February 2024

The Permanent Mission of the Kingdom of Saudi Arabia to the United Nations Office and Other International Organizations at Geneva presents its compliments to the World Health Organization (WHO), and has the honor to attach herewith a letter from the Minister of Health, Dr. Fahad Aljalajel, addressed to Dr. Tedros Ghebreyesus, Director-General of the World Health Organization. This letter pertains to the Kingdom of Saudi Arabia's formal request for admission as a participating state in the International Agency for Research on Cancer (IARC) through the Saudi Health Council National Cancer Center.

The Permanent Mission of the Kingdom of Saudi Arabia avails itself of this opportunity to renew to the World Health Organization, the assurance of its highest consideration.



Director-General
World Health Organization - Office of the Legal Counsel Office 7058
20, Avenue Appia
1211 Geneva 27
Switzerland



المملكة العربية السعودية
Kingdom of Saudi Arabia

وزارة الصحة
Ministry of Health
مكتب الوزير (275)

Dr. Tedros Adhanom Ghebreyesus
Director General - World Health Organization
Avenue Appia 20
CH-1211 Geneva 27
Switzerland.

**Saudi Arabia's Application for Admission as a Participating State
in the International Agency for Research on Cancer of the World Health Organization**

Dear Dr Tedros,

On behalf of the Government of Saudi Arabia, based on the Saudi Cabinet decision No 352, Dated 14/11/2023, approving the Kingdom of Saudi Arabia's accession to the WHO International Agency for Research on Cancer, as a member, the Ministry of Health formally requests admission as a Participating State in the International Agency for Research on Cancer (IARC), with immediate effect.

As per Articles III and XII of the Statute of IARC, we are sending you our application for admission to the Agency, including a brief description of the cancer research and control activities in Saudi Arabia, and would be grateful if these documents are forwarded to the IARC Governing Council before its next session.

The Ministry of Health, on behalf of the Government of Saudi Arabia, hereby undertakes to observe and apply the provisions established in the IARC Statute, Rules and Regulations, including assuming the financial commitment associated with being a Participating State of the Agency, as assessed by its Governing Council.

The Ministry of Health, on behalf of the Government of Saudi Arabia, awaits the processing of this application. We are looking forward to becoming a Participating State of IARC as soon as possible, and to contributing effectively to the scientific and technical work of the Agency. Our understanding is that, on admission, Saudi Arabia would have full voting rights as and from the first year of its participation.

The Saudi Health Council National Cancer Centre will represent Saudi Arabia formally in IARC committees.

Any further clarifications on this matter should be addressed to the Ministry of Health, Riyadh Tower 2, Digital city, 12382 Al Nakheel district, Riyadh Saudi Arabia. The Ministry of Health also kindly informs you that a copy of this letter has been sent to Dr Elisabete Weiderpass, Director of IARC.

Sincerely

Fahad Al-Jalajel
Minister of Health,
Kingdom of Saudi Arabia.

Fahad

Enclosure: Summary of cancer research and control activities in Saudi Arabia
cc: Dr Elisabete Weiderpass, Director, IARC

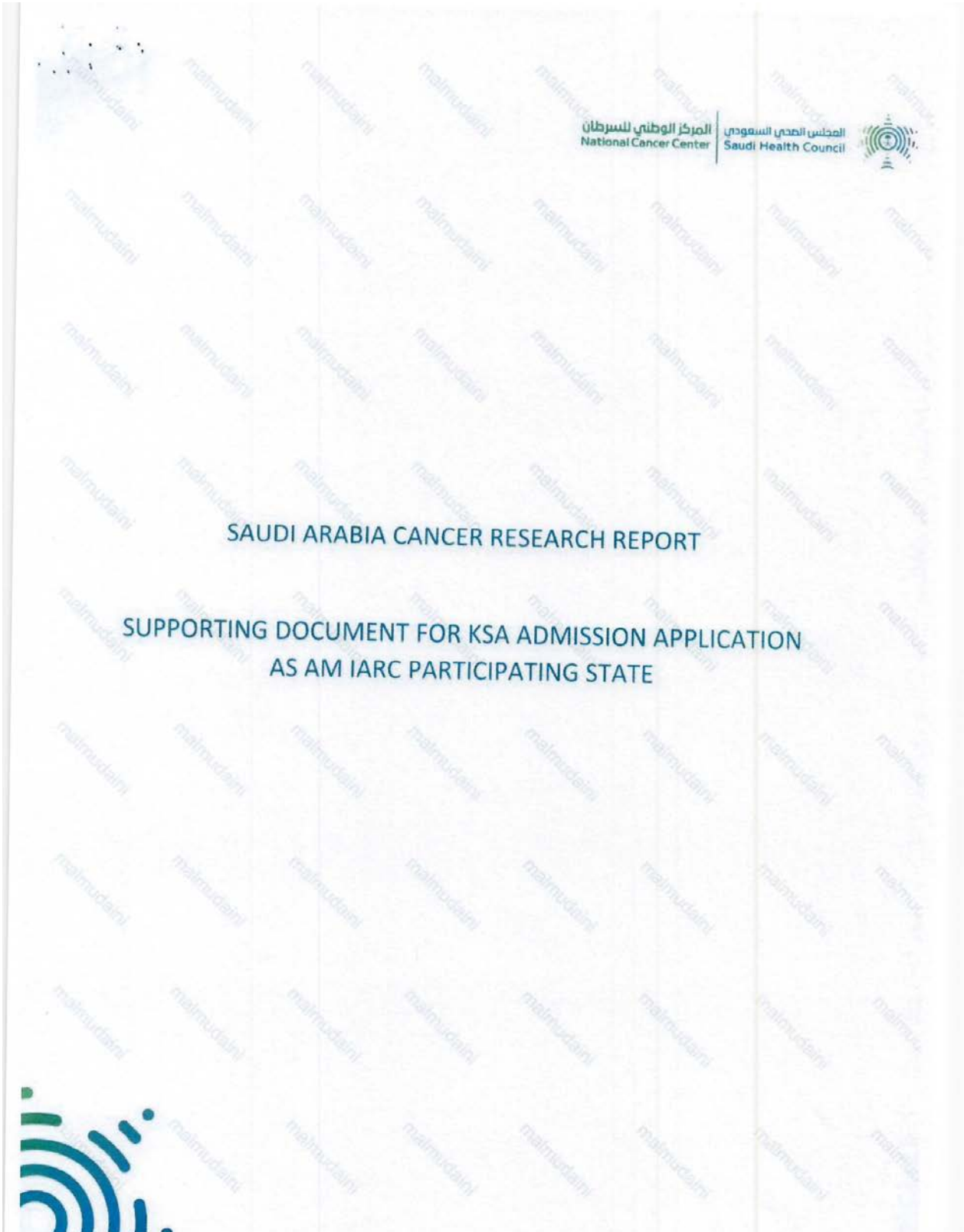


المملكة العربية السعودية
Kingdom of Saudi Arabia
وزارة الصحة
Ministry of Health
مكتب الوزير (275)

Summary information to be filled in by the applicant state for the attention of the Subcommittee on the Admission of new IARC Participating States

- A description of the current cancer research community, including relevant expertise in the areas of IARC activities;
- Details of the presence of a national cancer institute or equivalent "lead" cancer organizations;
- A description of cancer research funding in the public and NGO sectors;
- Information on a national cancer control plan, if one exists;
- The potential for the Participating State to contribute to the research priorities of IARC, as described in the Agency's Medium-Term Strategy¹;
- Evidence of current scientific and technical exchange with IARC.

¹ IARC Medium-Term Strategy (2021–2025):
https://events.iarc.who.int/event/29/attachments/67/154/GC63_6A_MTS_2021-2025.pdf



Introduction

National Cancer Centre (NCC) was established by royal decree number 4015 dated 11/04/2015 under umbrella of Saudi health council for organizing and coordinating the cancer care between different health providers to achieve vision of 2030. NCC is the official reference for cancer control and patient care in Saudi Arabia and was mandated to supervise the implementation of the national cancer control strategic plan through coordinated efforts between relevant health sectors in combating and treating cancer. It aims also to prevent duplication of work and reduces fragmentation of efforts to form the actual launch of the National Cancer Control and Treatment Programs in accordance with short, medium and long-term operational strategic objectives and plans.

The Kingdom of Saudi Arabia (KSA) faces a rising in cancer burden and costs of care. According to the Saudi Cancer Registry 2020 report, total of 17631 new cancer cases have been captured, it is lower than Saudi Cancer Registry 2019 report where total of 19825 new cancer cases have been captured because of COVID19 effect on health sector. Unfortunately, these numbers are increasing year after year and are about 4.9% as an average increase for the last 5 years in terms of incidence. Breast cancer is the most prevalent cancer in females (31.8%), while colorectal cancer is the most common in males (15.3%). The following table shows the most common cancers in both genders.



All	Male	Female
1. Breast	1. Colorectum	1. Breast
2. Colorectum	2. Leukaemia	2. Thyroid
3. Thyroid	3. Non-Hodgkin Lymphoma	3. Colorectum
4. Leukaemia	4. Prostate	4. Corpus Uteri
5. Non-Hodgkin Lymphoma	5. Lung	5. Leukaemia

KSA cancer registry needs more updated data on treatment, and survival rate. Research on cancer screening, prevention, and care quality are also needed in KSA. Saudi Vision 2030 prioritizes NCDs prevention and promotes for a new NCDs model of care. Cancer remains a top priority to tackle in terms of research funding.

Saudi Arabia's decision to join IARC would provide the opportunity to develop a comprehensive collaboration programme to enhance cancer research capacity and respond to cancer control needs in KSA. IARC will be able to bring an international perspective and the best available evidence-based international practice standards to the cooperation with peer colleagues in KSA.

Specific priority areas will include cancer registration, cancer early detection and screening, cancer research, capacity building and evaluation of cancer control programmes.



Current Cancer Research Community Relevant to IARC Activities

Saudi Arabia Cancer research activities are the most prominent in MENA region with hundreds of publications and research projects distributed as a Master and PhD thesis, Articles, Review, Editorial, Book Chapter, Letter, Conference Paper, Short Survey and Notes.

Oral cancer as an example, Saudi Arabian researchers published in 147 peer reviewed journal over the last decade, that because oral cancer is geographical unique problem in Saudi Arabia related to chewable tobacco behaviour in certain cities in Saudi Arabia, following table shows the published article in the fields of oral cancer by researchers from Saudi Arabia:

- | | | |
|--|--|--|
| 1. Academic Emergency Medicine, | 30. Artificial Cells Nanomedicine and Biotechnology, | 60. Cancer Cell International, |
| 2. ACS Nano, | 31. Asian Pacific Journal of Cancer Prevention | 61. Cancer Investigation, |
| 3. ACS Omega, | 32. Australian Journal of Chemistry, | 62. Cancer Letters, |
| 4. Acta Dermatovenerologica Alpina Pannonica Et Adriatica, | 33. Biochimica Et Biophysica Acta Reviews on Cancer, | 63. Cancer Research, |
| 5. Acta Microbiologica Et Immunologica Hungarica, | 34. Bioinformatics, | 64. Cancer Science, |
| 6. Acta Odontologica Scandinavica, | 35. Bioinorganic Chemistry and Applications, | 65. Cancer, Cancer and Metastasis Reviews, |
| 7. Acta Pharmaceutica Scientia, | 36. Biomacromolecules, | 66. Cancers, Carcinogenesis, |
| 8. Advanced Functional Materials, | 37. Biomaterials, | 67. Cell Metabolism, |
| 9. Advances in Clinical Chemistry, | 38. Biomed Research International, | 68. Cell Proliferation, |
| 10. Advances in Environmental Biology, | 39. Biomedical Research India, | 69. Cellular and Molecular Biology |
| 11. Advances in Physiology Education, | 40. Biomedicine and Pharmacotherapy, | 70. Clinical and Experimental Dental Research, |
| 12. African Health Sciences, | 41. Biomolecules, | 71. Clinical Oral Investigations, |
| 13. African Journal of Biomedical Research, | 42. Biosciences Biotechnology Research Asia, | 72. Community Dentistry and Oral Epidemiology, |
| 14. Ain Shams Engineering Journal, | 43. Biosensors and Bioelectronics, | 73. Current Drug Metabolism, |
| 15. American Journal of Biochemistry and Biotechnology, | 44. Biotechnology Journal, | 74. Current Pharmaceutical Design, Disease A Month, |
| 16. American Journal of Dermatopathology, | 45. BMC Cancer, | 75. Drug and Chemical Toxicology, |
| 17. American Journal of The Medical Sciences, | 46. BMC Complementary and Alternative Medicine, | 76. Eastern Mediterranean Health Journal, |
| 18. Analytical Biochemistry, | 47. BMC Medical Genetics, | 77. Endocrine Related Cancer, |
| 19. Angewandte Chemie International Edition, | 48. BMC Oral Health, | 78. Endodontology, |
| 20. Annals of Oncology, | 49. BMC Public Health, | 79. European Journal of Dentistry, |
| 21. Annals of Saudi Medicine, | 50. BMC Research Notes, | 80. European Journal of Oral Sciences, |
| 22. Anticancer Research, | 51. Bone Marrow Transplantation, | 81. Evidence Based Complementary and Alternative Medicine, |
| 23. APMIS, | 52. Brazilian Journal of Oral Sciences, | 82. Future Oncology, |
| 24. Apoptosis, | 53. Breast Cancer Targets and Therapy, | 83. Genes, |
| 25. Applied Ergonomics, | 54. British Journal of Cancer, | 84. Genetic Testing and Molecular Biomarkers, |
| 26. Applied Organometallic Chemistry, | 55. British Journal of Dermatology, | 85. Head and Neck, |
| 27. Applied Spectroscopy Reviews, | 56. British Journal of Ophthalmology, | 86. Implant Dentistry, International Journal of Biological Macromolecules, |
| 28. Arabian Journal for Science and Engineering, | 57. British Journal of Oral and Maxillofacial Surgery, | 87. Indian Journal of Dental Research, |
| 29. Archives of Oral Biology, | 58. Canadian Journal of Gastroenterology, | 88. Inhalation Toxicology, |
| | 59. Cancer Biomarkers, | 89. International Dental Journal, |
| | | 90. International Dental Journal, |

91. International Journal of Cancer.
92. International Journal of Dentistry,
93. International Journal of Health Care Quality Assurance.
94. International Journal of Molecular Sciences,
95. International Journal of Nanomedicine,
96. International Journal of Oncology.
97. International Journal of Oral and Maxillofacial Surgery,
98. International Journal of Pharmacology,
99. International Medical Journal,
100. Journal of Cancer Education,
101. Journal of Cancer Research and Therapeutics,
102. Journal of Clinical and Diagnostic Research,
103. Journal of Clinical and Experimental Dentistry,
104. Journal of Contemporary Dental Practice
105. Journal of Experimental Therapeutics and Oncology,
106. Journal of Inorganic and Organometallic Polymers and Materials,
107. Journal of International Oral Health, Saudi Dental Journal
108. Journal of International Society of Preventive and Community Dentistry,
109. Journal of Investigative and Clinical Dentistry,
110. Journal of Medical Systems,
111. Journal of Molecular Liquids,
112. Journal of Oral and Maxillofacial Pathology,
113. Journal of Oral and Maxillofacial Surgery Medicine and Pathology,
114. Journal of Oral and Maxillofacial Surgery,
115. Journal of Oral Biology and Craniofacial Research,
116. Journal of Oral Microbiology, Journal of Physical Chemistry,
117. Journal of Oral Pathology and Medicine
118. Journal of Periodontology,
119. Journal of The College of Physicians and Surgeons Pakistan,
120. Journal of The Pakistan Medical Association,
121. Laser Physics,
122. Life Science Journal,
123. Lipids in Health and Disease,
124. Materials,
125. Medicinal Chemistry,
126. Meta Gene, Molecular Carcinogenesis,
127. Molecules,
128. Nigerian Journal of Clinical Practice,
129. OMICS A Journal of Integrative Biology,
130. Oncology Letters,
131. Oncotarget
132. Open Dentistry Journal,
133. Oral Diseases
134. Oral Oncology,
135. Oral Surgery Oral Medicine Oral Pathology and Oral Radiology
136. Pakistan Journal of Medical Sciences,
137. Photodiagnosis And Photodynamic Therapy,
138. Recent Patents on Anti-Cancer Drug Discovery,
139. Recent Patents on Biomarkers,
140. Rsc Advances
141. Saudi Medical Journal
142. Saudi Pharmaceutical Journal,
143. Scientific Reports,
144. Springer briefs in Public Health,
145. Tropical Journal of Pharmaceutical Research,
146. Tumor Biology
147. World Journal of Dentistry,

The same applied for in other cancer research fields.

The academic faculties of colleges of medicine and Dentistry are among the most cancer researchers, in addition to the researchers from major cancer centre in Saudi Arabia. The following list shows the most active Saudi Arabian institutions in Cancer research:

1. King Saud University
2. Jazan University
3. King Abdulaziz University
4. Dental College & Hospital
5. King Faisal Specialist Hospital and Research Centre
6. King Fahad Medical City
7. King Fahad Specialist Hospital
8. Taibah University
9. King Saud University College of Applied Medical Sciences



10.Imam Abdulrahman Bin Faisal
university

13.Al Qassim University

11.King Saud University College of
Science

14.King Khalid University

12.Umm Al Qura University

Saudi Arabia researchers had 372 publication out of 1658 publication in the whole Arab world in the field of breast cancer (22%).

Scholarly Activity of Radiation Oncologists in Saudi Arabia as an Example: A total of 186 publications were found and included. The most common type of research was cohort studies followed by case reports and case series in 24%, 14%, and 13% of all publications, respectively. Dosimetry, clinical, and preclinical studies formed 7%, 8.6%, and 7.5% of the total publications, respectively. The LOE was I, II, III, IV, and not applicable in 8.6%, 22%, 25.8%, 29%, and 14.5% of the included publications, respectively. Comparing the first and second 5-year periods, there was an increase in international collaboration ($P < .001$) in the second period.



Relevant expertise in the areas of IARC activities are listed below:

- Cancer registration
- Descriptive epidemiology
- Environmental and occupational exposure
- Etiological factors including tobacco
- Genetic and molecular profile studies
- HPV infection
- Cancer early detection and screening
- Evaluation of cancer care and control services and programs
- Clinical Trial
- Childhood Cancer
- Health Economic



The Presence of a National and Comprehensive Cancer Care Centres

National Cancer Centre (NCC)

The National Cancer Centre is an important stakeholder in the fight against Cancer in Saudi Arabia. Although NCC is not directly providing care to cancer patients but it is heavily involved in monitoring, strategies, standards and partnerships.

The Saudi National Cancer Centre was established to be the official reference for cancer control program. It monitors and coordinates the implementation of cancer control national plans, coordinates the work between the health sectors, cancer and patient care, it also prevents duplication of work and reduces fragmentation of efforts to form the actual launch of the National Cancer Control and Treatment Program in accordance with short, medium and long-term operational plans.

The National Cancer Centre was established in Riyadh at 2016 under the umbrella of the Saudi Health Council with vision to be the national scientific reference centre for cancer control.

NCC Message is: Developing national strategies to control, coordinate, improve and monitor the quality, outcome, research and development of comprehensive cancer services.

Cancer Care in Saudi Arabia

- Cancer care started in Saudi Arabia at 1978 by King Faisal Specialist Hospital & Riyadh Military Hospital.
- King Khalid University Hospital 1982.
- King Abdul-Aziz University Hospital Jeddah 1990.
- King Fahad Medical City 2005.
- Cancer care in Saudi Arabia is one of the best and internationally recognized services in MENA region.
- 11 Comprehensive Cancer Centers providing advanced cancer care for adult and children that include BMT and SRS.
- 3 Regional Cancer Centers providing advanced cancer care including medical oncology and paediatric oncology and EBRT.



- 28 departments providing chemotherapy services.
- The only country in MENA Region providing CAR T Cell Therapy.
- The only country in MENA Region establishing Proton Therapy Centre.
- The only country in MENA Region establishing Cytotoxic and Biosimilar manufacturing facilities.
- The only country in MENA Region that have STEM Cells Bank.

Functions of the National Cancer Centre:

1. Monitoring Cancer Burden and services.
2. Formulation of national cancer healthcare policies for Cancer Prevention and Care.
3. Standardizing National Cancer Care.
4. Promoting cancer knowledge.
5. Promoting Cancer innovation, Research and Developments.
6. Promote cancer care networks locally and internationally.

Scientific Committee of the National Cancer Centre:

The scientific committee of the centre consists of national experts in all the following fields:

- Adult Oncology.
- Haematology.
- Paediatric Oncology.
- Radiation Oncology.
- Surgical oncology.
- Palliative Care.

The committee meet at least four times a year and represent the following Saudi health sectors:

- Ministry of Health.
- King Faisal Specialized Hospital and research centre.
- Medical services for the armed forces.



- Ministry of Education.
- Ministry of National Guard Health affairs.
- Ministry of the Interior medical services.
- Saudi Commission for Health Specialties.
- Federation of Saudi Chambers.
- Saudi Food & Drug Authority.
- Saudi Red Crescent Society.
- Director-General of the National Cancer Centre.

Significant Achievements of the Centre:

- Successful inclusion of breast and colon cancer screening in the national plans.
- Acceleration of referral, acceptance, and initiation of treatment of acute leukaemia within 24 hours of diagnosis.
- Expand the establishment and operation of chemotherapy and radiation therapy units.
- Establishing national cancer and palliative care guidelines.
- Localization of CAR- T cell therapy.
- Publication of the Saudi Cancer Registry Reports.
- Enhancing local and international collaboration.

Long-term strategic objectives:

- Enhance the integrating of the health sectors.
- Update national plans, strategies, and policies implementation.
- Improve the governance and quality of cancer care services based on evidence.
- Monitor the financial burden of cancer.
- Establish cancer database/ data bank.
- Establishing the centre as a knowledge hub for all.
- Guide scientific research in cancer sciences.
- Eradicate cancer-related illiteracy in Saudi society.
- Increasing the number and rates of cancer survivors.



Saudi Cancer Registry

The Saudi Cancer Registry (SCR) is a population-based registry established in 1992, It's the first national registry in the Kingdom of Saudi Arabia.

The reports are circulated as national decision-making tool to optimize cancer services recourses allocation, improve regional cancer services development and to measure geographical cancer burden in Saudi Arabia compared to the international available data.

The statistical information provided by the Saudi Cancer Registry was extremely important for the development of cancer prevention and care in Saudi Arabia during the past thirty years.

Since the inception date to 2024, 23 reports have been published.

History of Saudi Cancer Registry (SCR)

SCR was established in 1992 under the supervision and funding of the Ministry of Health at King Faisal Specialist Hospital and Research Center in Riyadh; Being the reference center for cancer care in the Nineties under the name of (National Cancer Registry), The name of the National Cancer Registry changed to the Saudi Cancer Registry on 2008 and the new name appeared on the 2004 report, and it was accredited by with the International Agency for Research on Cancer of the World Health Organization.

The registry office transferred from the registry office at King Faisal Specialist Hospital to the new registry office at the headquarter of the Saudi Health Council in 2014, as a section of the National Cancer Center and the National Health Information Center.



Organizational structure.

The SCR consists of the office which oversees data collection from all over the country through hospital-based registries and the SCR registrars to ensure full coverage of all healthcare facilities in the Kingdom.

The scientific committee of the national cancer center and the registry consultant experts provides scientific guidance to SCR, reviews cancer statistics reports and analyze the data.

Data management

SCR Office in the cancer national center supervises hospital registrars to ensure accuracy and quality of data collected from all hospitals. Quality control processes include verification of site, morphology, staging information, case linkage (tumor and patient), and consolidation of data. The Office also prepares the annual report for dissemination to the medical community, government departments, international organizations and the public.

A royal decree has categorized cancer as a mandatory notifiable disease. This ensures the opportunity for comprehensive data collection. The SCR strives for full access to cancer data from all governmental and private hospitals, clinics, and laboratories throughout the Kingdom.

Cancer data are abstracted from patients' medical records based on clinical and/or histopathological diagnosis by SCR trained cancer registrars. Abstracted data includes personal identifications (name, ID number, gender, age), demographic information (address, telephone number, nationality), and tumor details (diagnosis date, primary site, histology, behavior, grade, stage, basis of



diagnosis). The primary site (topography) and histology (morphology) of the malignancies are identified and coded according to the International Classification of Diseases for Oncology 3rd Edition (ICD-O-3), published by the World Health Organization (WHO), 2000. Starting from the year 2001, changes were made in the coding of cancer types and behaviors as well as staging according to SEER Summary Stage 2000 to increase accuracy and consistency in stage coding. SEER Summary Stage Manual 2000 is available on the web.

The cases diagnosed on or after 01 January 2008 were classified according to the updated ICD-O-3. While there have not been any changes in the primary site codes, there are significant changes regarding histology (cell types). Leukemia and lymphoma are particularly affected. Some cases that were previously considered benign are now counted as malignant. Also, a small number of cancers that were previously coded as borderline tumors are now considered benign. Counts of ovarian cancers, lymphoma, and leukemia as well as some hematopoietic diseases will change due to changes in either the report's ability or definition. However, as with the SEER staging guidelines, the ICD-O changes reflect advances in the understanding of the pathology and behavior of cancers. It should be noted that ICD-O-3 codes are converted to ICD-10 for analysis purposes.

Since the WHO has not yet converted ICD-10 hematopoietic disease behavior changes, CanReg 4.33 (developed by the International Agency for Research on Cancer (IARC), Lyon, France) cannot include these cases for analysis and they have been excluded. Every effort is made to accurately code patient and tumor information, to ensure that all data reviewed, linked, and consolidated, as appropriate, so that each malignancy is counted only once for statistical



analysis. Data entry and incidence tables output were generated by CanReg software.

Notification

The report covers data that were diagnosed between January and December. Incident cases identified after the date (late reporting) will be reported in subsequent incidence reports. It is anticipated that the number of late-reported cases will decrease as the case ascertainment processes have improved during the past years. Our aim is to reduce reporting lap between the year of diagnosis and the year of publishing the incidence report to a maximum of 2 years while maintaining high quality and completeness of data

Report structure:

Part I- Materials and Methods

The part of the report contains information about the background and methods of the Saudi Cancer Registry used in collecting and analyzing the data. We present the basics of coding and classification of tumor topography, morphology, and extent of disease at the time of diagnosis. Also, we describe the software programs we have used to analyze the data in addition to definitions of Statistical Terms

Part II- Overview of Cancer Incidence

Part II presents the overall cancer incidence in Saudi Arabia diagnosed between 01 January and 31 December of the report year. Figures, tables, and line/bar charts are used to present cancer distribution by gender and age groups.



Morphology distributions for the most common cancers are also presented in tables. In addition, incidence tables are used to present the total Number of Cases, Age-Standardized Incidence Rate (ASR), Crude Incidence Rate (CIR), and Cumulative Rates (per 100,000 population) by gender for each primary cancer site. Separate bar charts are used to demonstrate the distribution of the most common cancers by gender and age in each of the 13 administrative regions of Saudi Arabia.

International Comparison of Age-Standardized Incidence Rates is presented in each report.

Part III- Cancer Incidence for the Most Common Sites

In The part, the incidence of the most common cancers reported among Saudi males and females is outlined. For each cancer site, the total number and proportions of all newly diagnosed cases, the ASR, and the corresponding cancer ranking for each gender are also presented. In addition, ASR for the most common cancers among Saudis is compared with the ASR reported from selected developed and developing countries.

The report usually presents the following common types:

- Female Breast Cancer
- Colorectal Cancer
- Thyroid Cancer
- Non-Hodgkin's Lymphoma
- Leukemia
- Hodgkin's Lymphoma
- Corpus Uteri Cancer



Lung Cancer
Liver Cancer
Prostate Cancer

Part IV-Cancer Incidence Among Non-Saudis

The part presents numbers of cancer cases among the Non-Saudis including the most common types of cancer. The analysis of the Non-Saudis is performed separately due to the nature of the expatriate population in which a large proportion is aged between 25 and 44, especially among males.

Part V- Incidence Tables

The part contains the following detailed tables for all newly diagnosed cancer types for the Saudis and the non-Saudis diagnosed

- Distribution of cancer cases among Saudis by age group and gender.
- Distribution of cancer cases among non-Saudis by age group and gender.
- Cancer Incidence (per 100,000 population) among Saudis by age group and gender.
- Cancer Incidence (per 100,000 population) among non-Saudis by age group and gender.
- Age-standardized incidence rate and relative frequencies among Saudis by cancer site, gender, and administrative regions.
- Age-Specific Incidence Rate (AIR), Age Standardized Incidence Rate (ASR) Among Saudi Males (per 100,000) by Primary Site and Age groups,
- Age-Specific Incidence Rate (AIR), Age Standardized Incidence Rate (ASR) Among Saudi Females (per 100,000) by Primary Site and Age groups,



Part VI- Arabic Summary

It is enclosed an Arabic summary of Cancer Statistics in Saudi Arabia for the report year.



Major Comprehensive cancer and research center in Saudi Arabia

1. King Faisal specialist hospital and Research Comprehensive cancer and research Centre, Riyadh.
2. King Fahad medical city (KFMC) Comprehensive cancer and research Centre:
3. Princess Norah Comprehensive Cancer Center in King Abdulaziz Medical City (KAMC) in Jeddah
4. King Abdullah medical city (KAMC) Comprehensive Cancer Centre
5. King Abdulaziz medical city (KAMC) of National Guards: Comprehensive Cancer Centre in Riyadh.
6. King Saud University medical city (KSUMC) Comprehensive Cancer Centre
7. King Fahad Specialist Hospital (KFSHC) Comprehensive Cancer Centre
8. King Abdulaziz University medical city (KAUMC) Comprehensive Cancer Centre
9. Prince Sultan Military Medical City (PSMMC) Comprehensive Cancer Centre
10. King Faisal specialist hospital and Research Comprehensive cancer and research Centre, Jeddah:
11. John Hopkins ARAMCO Hospital (JHAA) : Comprehensive Cancer Centre



Cancer Patient Society

1. Sanad Children's Cancer Support Association
2. Saudi Cancer Society
3. Zahra Association
4. Atfalona Association
5. Amass Friends of Cancer Patients Association
6. Optimism Society's for Pediatric Cancer
7. Cancer Survivors Care Association
8. Al-Iman Charitable Services Association
9. Saned Association of Children with Cancer
10. Society of Blood Diseases and Cancer of Makkah Children
11. Hayat Association for Breast Cancer treatment
12. Saudi Cancer Foundation
13. Tafaul Association
14. Hayat Association for Breast Cancer in Arar
15. Alhyat Association for Cancer Patient Care in AlQurayyat
16. Balsam Private Association to Help Cancer Patient in Qassim
17. Tahoor Association in Oaizah
18. Ahyaha Cancer Care Association Charity
19. Basma Association for Cancer Patient Care
20. Najran Cancer Care Foundation



Cancer Research Funding

Cancer research in KSA is mainly funded by the Saudi government through King Abdulaziz City for Science and Technology, Saudi NIH, MOH, Universities, and the public sectors such as SABIC, ARAMCO, commercial banks and others through their social responsibility programs.

King Abdul-Aziz City for Science and Technology (KACST) was established in 1977 to support and promote applied scientific research and coordinate the activities of the scientific research institutions and centres in line with requirements of development plans of the Kingdom. King Abdul-Aziz City for Science and Technology also cooperates with other concerned institutions in formulating strategies and national policies for the development of science and technology. King Abdul-Aziz City for Science and Technology has started several research grants programs, which include; Annual General Grants Program, National Grants Program, Limited Grants Program, Humanities Grants Program, Graduate Students Grants Program and Production Sectors Grants Program for the promotion of science and technology in the Kingdom. The process of funding follows a systematic scientific mechanism based on predetermined research priorities. Selection of the research proposals is accomplished on the basis of strict scientific criteria. The funding of medical research projects is considered most important among all scientific fields, as these are related to human health. The medical field is classified into specific sub fields constituting the major branches of medicine. Since 1979, KACST has funded 430 medical research projects at an estimated cost of 185.9 million Saudi Riyals representing approximately 31.2% of the grants total funding. King Abdul-Aziz City for Science and Technology puts much emphasis on publishing



results obtained from the research projects through different channels. Seven hundred and thirty-eight scientific papers have been published in all fields whereas 243 research papers out of them are in the medical field. This paper highlights the establishment, aims and tasks associated with KACST. Also, the paper reviews research funding by KACST grants programs with a focus on funded medical research projects and publications of research papers originating from different funded projects.



National Cancer Plan

Elevated body mass index (BMI), smoking, hepatitis B infection, environmental and occupational exposures are among the major modifiable risk factors that contribute to the increase of cancer burden in Saudi Arabia. Battling NCDs through interventions against modifiable risk factors (e.g. smoking and obesity) has been on the government's agenda. In 2011, Saudi Arabia set a new national strategy for health care services; a focus on improving the quality of preventative, curative and rehabilitative care was among the main objectives. Saudi Arabia has been moving towards strict laws with regards to tobacco smoking which includes banning smoking in all indoor public places, regulations on tobacco packaging, prohibition of tobacco advertising and sponsorship of events, age restrictions for purchasing. In 2017, a 100% tax rate was placed on tobacco products and energy drinks, in addition to 50% taxation of soft drinks. To our knowledge, these tax rates may be the highest in the world, a substantial effect on current tobacco consumption is expected based on data from other countries.

A review of more than 100 econometric studies by the International Agency for Research on Cancer (IARC) concluded that a 50% increase in inflation adjusted tobacco prices reduce consumption by about 20% in high-, middle- and low-income countries.

Strategic national action plans for cancer control and prevention were initiated in line with the World Health Organization (WHO) global strategy for the prevention and control of NCDs and the WHO strategy against cancer. Establishments of Gulf Centre for Cancer Registration (GCCR) in 1998 and the Gulf Centre for Cancer



Control and Prevention in 2011 aiming to develop regional cancer control strategies and evidence-based guidelines, dissemination of knowledge through conferences and workshops, organizing training courses, and coordinating research. This facilitated the formulation of the Gulf Cancer Control Action Plan (2016-2025) with the endorsement of Gulf health ministers.

In 2016 Saudi Arabia launched The Kingdom 2030 vision which incorporates Health Sector Transformation Program aiming to restructure health sector to be a comprehensive, integrated and more effective system focusing on improving access to care including cancer care for all citizens and non-citizens with equitable geographical distribution and strengthening disease awareness and prevention through different strategic initiatives including the use of digital transformation and e-health services (e.g. E-referral, E-appointment and E-prescription) which assessed in coordinating services within and between governmental and public health sectors, investing in capacity building and healthcare workforce, improving primary health care services as well as the standards of quality of care. Healthcare transformation depends on the principle of Value-based healthcare model rather than the current fee-for-service system to ensure transparency and financial sustainability. (From Lancet paper)



Potential Contribution according to IARC Research Priorities

A number of common priority areas emerged through the collaboration taking place between Saudi Arabia and IARC. The following points indicate some of the projects and initiatives which could be launched or strengthened, as reported under point 6:

- A major IARC priority is to monitor cancer burden and to estimate the projected impact of interventions. Saudi health agencies recognize the value of integrating such high-quality data to better assess cancer burden and develop appropriate control strategies. A long-term strategy for cancer registration in Saudi Arabia is vital to ensure its quality, sustainability and geographic coverage. This would give reliable data to decision-makers to help identify current and future priorities.
- National screening programs: with current cancer incidence and mortality increasing, there is a substantial need for national screening campaigns especially for breast and colorectal cancer; evaluation of breast cancer and colorectal cancer screening programmes in Saudi Arabia in terms of coverage, quality assurance and impact is needed.
- Implementation research to understand the barriers to the success of prevention strategies (e.g. access to cancer screening services) and also to evaluate the impact of those programmes which are implemented (e.g. the effect of fiscal or regulatory actions); the evaluation of both breast and



colorectal awareness in improving participation rates for screening;
evaluation of HPV vaccination campaigns.

- Joint applications for additional sources of funds on areas of shared priority, e.g. obesity and cancer in Saudi Arabia, nutrition and cancer;
- A long-term evaluation of the infrastructure needs and benefits of cancer research in Saudi Arabia, including translational research on large population cohorts.
- A programme of education and training in cancer epidemiology for young Saudi scientists.



Evidence of Current Scientific and Technical Exchanges With IARC

A strategic engagement with Saudi Arabia for potential future participation has been signed in 2019 by Dr Elisabete Weiderpass, IARC Director.

The following part summarizes current scientific and technical exchanges with IARC:

- The collaboration between Saudi Arabia and IARC started in mid 1990s with technical support to establish the Saudi cancer registry.
- Data from Saudi Arabia (Riyadh) have been published in CIS XI since 2003.
- Data from Saudi Arabia have been included in the International Incidence of Childhood Cancer database since 2003.
- Data from Saudi Arabia have been submitted for SURVCAN project.
- The International Agency for Research on Cancer (IARC) has appointed Prof. Samar Alhomoud, consultant colorectal surgeon as Chair of its Ethics Committee in 2018.
- The Nutrition and Metabolism (NME) Branch has a collaboration with Prof. Samar Alhomoud (Riyadh) on colorectal cancer (microbiome analyses, obesity and cancer). Marc Gunter, Head of the NME Branch, attended and presented at the 2018 International Gulf cancer conference and the International Saudi Colorectal forum in Riyadh (invited speaker).
- Dr Partha Basu, Head of the Early Detection, Prevention and Infections (EPR) Branch was part of the joint mission of IARC and WHO to the Kingdom to review the cancer screening program in July 2018. The Ministry was interested to get their program formally evaluated by IARC/WHO and also to initiate future collaborative research studies.



**Governing Council Subcommittee on the Admission of new Participating States (PS)
23 April 2024**

**REPORT FROM THE SUBCOMMITTEE ON THE ADMISSION OF NEW PARTICIPATING STATES:
APPLICATION OF THE GOVERNMENT OF THE KINGDOM OF SAUDI ARABIA**

Present: Professor Norbert Ifrah (Gc Chairperson – Member ex Officio)
Ms Marie Charlotte Henrion (France)
Dr Masato Izutsu, Mr Motohiro Hamada and Ms Kay Ohara (Japan)
Dr Al Hareth Al Khater (Qatar)
Ms Maya Levine and Ms Christina Taylor (USA)

Apologies for absences/unable to attend: Dr Joao Paulo Viola (Brazil), Dr Mark Palmer (UK).

1. The Governing Council Subcommittee on the Admission of New Participating States met by teleconference on 23 April 2024 to consider the application of the Government of the Kingdom of Saudi Arabia for admission in the International Agency for Research on Cancer.
2. The Subcommittee considered the application of the Government of the Kingdom of Saudi Arabia and noted that their application was received on 15 February 2024 under cover of a Note Verbale and transmitted by the Director-General to all Participating States on 13 March 2024.
3. As required by Resolution [GC/54/R17](#), in order to assess whether “the State is able to contribute effectively to the scientific and technical work of the Agency” (Statute Article XII), the Subcommittee reviewed the report on the status of cancer research activities in the Kingdom of Saudi Arabia (see Document [GC/62/2 Appendix](#)). From this review, the Subcommittee agreed that the Kingdom of Saudi Arabia has scientific and technical exchanges with IARC, has funding, interest and capacity in cancer research, has a national medium and long-term plan, for research on cancer registration, early detection and screening and cancer control programmes, and therefore meets all the requirements to demonstrate that they would effectively contribute to the research priorities of IARC, as described in its Medium-Term Strategy.
4. In accordance with Article III of the Statute, the Government of the Kingdom of Saudi Arabia also undertook “to observe and apply the provisions of the IARC Statute”, in its application letter.
5. The Subcommittee recommends that the Governing Council admit the Kingdom of Saudi Arabia as a Participating State of the International Agency for Research on Cancer.