



**Governing Council  
Sixty-sixth Session**

**GC/66/22**  
15 May 2024

**15–16 May 2024**  
*Hybrid format*

**MINUTES OF THE FIRST MEETING**  
IARC, Lyon and web conference

Wednesday, 15 May 2024, at 13:00 Central European Summer Time (CEST)

Chairperson: Professor Norbert IFRAH (France)

Secretary: Dr Elisabete WEIDERPASS, Director, IARC

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### Participating State Representatives

#### France

Professor Norbert Ifrah, *Chairperson*  
Monsieur Nicolas Albin, [unable to attend]  
Dr Thomas Dubois

#### Australia

Professor Dorothy Keefe, *Vice-Chairperson*  
Ms Lisa Malloy

#### Ireland

Mr James Scully, *Rapporteur*  
Dr Joanne Uí Chruailaich [remotely]

#### Austria

Ms Elisabeth Tischelmayer [remotely]

#### Belgium

Ms Eloïse Delforge  
Ms Anne Swaluë [remotely]

#### Brazil

Dr João Paulo de Biaso Viola  
Dr Ronaldo Corrêa Ferreira da Silva [remotely]  
Ms Livia de Oliveira Pasqualin [remotely]

#### Canada

Dr Emma Ito  
Dr Madeleine Bird

#### China

Dr Yanhong Guo  
Professor Jie He  
Ms Ying Li  
Ms Yawei Zhang  
Mr Wenqiang Wei  
Mr Wanqing Chen  
Mr Jun Du

#### Denmark

Dr Morten Frisch

#### Egypt

Professor Mohamad Hassany  
Dr Khaled Atallah  
Prof. Dr Maha Ibrahim  
Prof. Dr Hesham Elghazaly [remotely]  
Dr Hatem Amer [remotely]

#### Finland

Ms Tuula Helander

#### Germany

Ms Marike Kranes

#### Hungary

Professor Gabriella Liskay [remotely]

#### India

No Representative

#### Iran (Islamic Republic of)

No Representative

#### Italy

Dr Mauro Biffoni

#### Japan

Dr Hitoshi Nakagama  
Mr Masato Izutsu [remotely]  
Dr Kanami Kobayashi  
Mr Tomohiro Matsuda  
Ms Kay Ohara

#### Morocco

Dr Latifa Awatef Belakhel  
Dr Loubna Abousselham  
Dr Youssef Chami Khazraji

#### Netherlands

Dr Susan Potting  
Mr Pieter de Coninck

#### Norway

Professor Tone Bjørge  
Professor Pål Richard Romundstad [remotely]

#### Qatar

Dr Al-Hareth M. Al-Khater  
Dr Noora Al Hammadi

#### Republic of Korea

Ms Jinkyoungh Jeong  
Mr Yeol Kim  
Mr Sunghoo Hong

**Russian Federation**

Dr Ekaterina Karakulina [remotely]  
Dr Valeriya Gulshina [remotely]  
Mr Anton Minaev  
Mr Ivan Tarutin  
Dr Anna Shakhzadova [remotely]  
Dr Tigran Gevorkian [remotely]  
Dr Valeriy Breder [remotely]  
Ms Liubov Pashigorova [remotely]  
Ms Elena Iozhits [remotely]

**Saudi Arabia**

Professor Mushabbab Al Asiri  
Dr Ali Saeed AlZahrani  
Professor Samar Alhomoud

**Spain**

Dr Elena Doménech

**Sweden**

Professor Jonas Oldgren [unable to attend]

**Switzerland**

Mr Florian Dolder

**United Kingdom of Great Britain and Northern Ireland**

Dr Mark Palmer  
Dr Isobel Atkin

**United States of America**

Dr W. Kimryn Rathmell  
Ms Sofija Korac  
Dr Matt Lim  
Dr Satish Gopal  
Ms Dalana Johnson  
Mr Mark Dagher  
Ms Christina Taylor [remotely]  
Dr Maya Levine [remotely] [remotely]

**World Health Organization**

Dr Bente Mikkelsen [remotely]  
Director, Noncommunicable Diseases, WHO headquarters

Ms Holly Moore  
Senior Legal Officer, WHO headquarters

**Observers**

**Scientific Council**

Dr Manami Inoue, outgoing Chairperson  
Dr Luis Felipe Ribeiro Pinto, incoming Chairperson

**Union for International Cancer Control (UICC)**

Dr Cary Adams Chief Executive Officer

**External Audit**

Mr Singh [remotely]  
Director of External Audit (WHO) [remotely]  
Office of the C&AG of India

**Secretariat**

Dr E. WEIDERPASS, *Secretary*  
Ms C. MEHTA

Dr P. BASU  
Ms A. BERGER  
Dr F. BRAY  
Dr P. BRENNAN  
Dr A. CARVALHO  
Dr V. CHAJES  
Mr C. CHAUVET  
Dr G. CLIFFORD  
Mr O. EXERTIER  
Dr P. FERRARI

Dr Z. HERCEG  
Dr M. JENAB  
Ms J. JONGERIUS  
Mr D. KAVANAGH  
Ms. A. KIRJASUO  
Dr Z. KOZLAKIDIS  
Ms N. LAMANDÉ  
Dr B. LAUBY-SECRETAN  
Ms T. LEE  
Dr D. LOKUHETTY  
Mr F. LOZANO  
Mr S. LUBIATO  
Dr F. MADIA

Dr V. McCORMACK  
Dr J. McKAY  
Ms S. MOLDAN  
Ms K. MULLER  
Dr S. RINALDI  
Dr M. SCHUBAUER-BERIGAN  
Dr J. SCHÜZ  
Dr C. SCOCCIANI  
Dr I. SOERJOMATARAM  
Ms V. TERRASSE  
Ms V. VOCANSON  
Dr J. ZAVADIL

### **1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda**

The CHAIRPERSON welcomed participants to the Sixty-sixth session of the Governing Council, including those participating remotely. In particular, he welcomed Dr Bente MIKKELSEN, Director, Department of Noncommunicable Diseases, WHO headquarters, representing the Director-General of WHO; Dr Manami INOUE, Outgoing Chairperson of the Scientific Council; Dr Luis Felipe RIBEIRO PINTO, Incoming Chairperson of the Scientific Council; Dr Cary ADAMS, Chief Executive Officer of the Union for International Cancer Control; and Mr Shailendra Vikram SINGH, representative of the External Auditor. Apologies for absence had been received from India and Sweden. There was currently no representative of the Islamic Republic of Iran.

He announced that Dr Mara BURR (United States of America) was no longer able to discharge the duties of Vice-Chairperson, and invited nominations for her replacement.

On the proposal of Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Professor Dorothy KEEFE (Australia) was elected Vice-Chairperson, the proposal being seconded by Dr VIOLA (Brazil).

The SECRETARY likewise welcomed participants. Estimates of the burden of cancer in 2022, recently published by the Agency, indicated that there were 20 million people with cancer globally and 9.7 million cancer-related deaths in that year. Cancer incidence was projected to rise to 35.3 million cases by 2050, with cumulative costs attributable to cancer rising to US\$ 1.3 trillion over the next two decades. Prevention strategies were therefore of particular importance, since up to 50% of cancers could be prevented by means of appropriate action. IARC worked closely with WHO to provide the evidence base from which WHO derived its public health recommendations.

### **2. ELECTION OF RAPPORTEUR: Item 2 of the Provisional Agenda**

On the proposal of Mr Florian DOLDER (Switzerland), Mr James SCULLY (Ireland) was elected Rapporteur, the proposal being seconded by Dr Thomas DUBOIS (France).

### **3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda**

[\(Document GC/66/1 \(Prov.\) Rev.2\)](#)

The agenda was **adopted**.

### **4. ADMISSION OF A NEW PARTICIPATING STATE – SAUDI ARABIA: Item 4 of the Agenda**

[\(Document GC/66/2 Rev. 2\)](#)

The RAPPORTEUR read out the following draft resolution, entitled “Admission of a Participating State –the Kingdom of Saudi Arabia” (GC/66/R1):

The Governing Council,

Having examined the request from the Government of the Kingdom of Saudi Arabia for admission as a Participating State in the International Agency for Research on Cancer (Document GC/66/2),

1. DECIDES pursuant to Article XII of the Statute of the Agency that the Kingdom of Saudi Arabia be admitted as a Participating State in the Agency; and
2. EXPRESSES great satisfaction at the admission of this new Participating State.

The resolution was **adopted**.

On behalf of the Governing Council, the CHAIRPERSON welcomed Saudi Arabia as a new Participating State of the Agency.

**The representatives of Saudi Arabia took places at the Governing Council table.**

Professor AL ASIRI (Saudi Arabia) expressed his country's satisfaction with the opportunity to participate in the noble work of the Agency.

**The flag of Saudi Arabia was raised outside the IARC headquarters building.**

#### **5. ADMISSION OF A NEW PARTICIPATING STATE – EGYPT: Item 5 of the Agenda**

[\(Document GC66/20\)](#)

The RAPPORTEUR read out the following draft resolution, entitled "Admission of a Participating State –Egypt" (GC/66/R2):

The Governing Council,

Having examined the request from the Government of Egypt for admission as a Participating State in the International Agency for Research on Cancer (Document GC/66/20),

1. DECIDES pursuant to Article XII of the Statute of the Agency that Egypt be admitted as a Participating State in the Agency; and
2. EXPRESSES great satisfaction at the admission of this new Participating State.

The resolution was **adopted**.

On behalf of the Governing Council, the CHAIRPERSON welcomed Egypt as a new Participating State of the Agency.

**The representatives of Egypt took places at the Governing Council table.**

Professor HASSANY (Egypt) said that his country would contribute actively to the scientific and technical work of the Agency and continue its ongoing collaboration in the area of liver cancer. He hoped that Egypt's accession to membership of the Agency would encourage other developing countries to follow suit.

**The flag of Egypt was raised outside the IARC headquarters building.**

#### **6. PRESENTATION AND DISCUSSION OF THE BIENNIAL REPORT 2022–2023: Item 6 of the Agenda**

[\(Document GC/66/3\)](#)

The SECRETARY, illustrating her remarks with slides, presented the Biennial Report for 2022–2023, structured around the four pillars of the Agency's scientific activities. Under Pillar 1, data for action, The Director highlighted the Global Initiative for Cancer Registry Development (GICR), which had launched three centres of expertise in sub-Saharan Africa and piloted the E-INNOVATE partnership, which linked electronic medical records with population-based cancer registries. The ChildGICR programme targeted childhood cancers. Volume XII of *Cancer Incidence in Five Continents* and the GLOBOCAN national estimates of the cancer burden in 185 countries for 2022 had been published in 2024. Descriptive studies included a study on the impact of coronavirus disease (COVID-19) on cancer services as part of the IARC COVID-19 and Cancer Initiative, and economic evaluations had addressed the impact on cancer incidence of strategies to reduce alcohol consumption and the economic impact of cancer diagnosis among women. Other research indicated that socioeconomic factors were the single most important factor explaining the distribution of cancer between and within countries.

Under Pillar 2, understanding the causes of cancer, she noted that the IARC Biobank, with its new cutting-edge equipment, now comprised 6 million biological samples from 88 countries and had recently been awarded the prestigious status of *groupement d'intérêt scientifique* [scientific interest group]. The Nutrition and Metabolism Branch had launched studies in low- and middle-income countries including Morocco, South Africa and Latin America. In the area of genomics, the Agency's collaboration with the CRUK Mutographs project sought to synthesize mutational signatures for five types of cancer across five continents. The Rare Cancers Genomics Initiative was engaged in molecular characterization of rare cancers such as mesothelioma and head and neck cancers.

Pillar 3 of the Agency's scientific activities, from understanding to prevention, sought to transform research findings into practical recommendations for decision-makers, particularly in respect of the WHO flagship initiatives on breast, cervical and childhood cancers. The African Breast Cancer – Disparities in Outcomes study covered five countries of sub-Saharan Africa. Other current research included the impact of changes in DNA methylation on breast cancer risk and the role of environmental factors in cancer incidence, including occupational exposures and radiation in both developed and low- and middle-income countries. The Latin America and the Caribbean Code Against Cancer had been launched in October 2023, and an Asian code is in preparation. Activities in the area of implementation science included studies on the long-term impact of immunization against human papillomavirus (HPV) and the Cancer Screening in Five Continents programme, which evaluated screening programmes from 84 countries around the world.

Turning to Pillar 4, knowledge mobilization, she highlighted the IARC Monographs programme, which had published five new Monographs (Vols. 131–135) and issued 19 classifications, including classifications of seven agents not previously studied. In the IARC Handbooks of Cancer Prevention series, the Agency had published Volume 19 (oral cancer prevention), and Volume 20A (reduction or cessation of alcoholic beverage consumption) while 20B (alcohol control policies) was in preparation. A supplement to Volume 19 was under consideration. Five volumes of the WHO Classification of Tumours series (“Blue Books”) had been published, including the first classification of paediatric tumours. Six further volumes were currently available online in beta versions.

Finally, turning to learning and capacity-building, she noted that the Agency had hosted 281 early-career and visiting scientists from 65 different countries during the biennium 2022–2023. The annual IARC-GICR summer school, organized jointly with the National Cancer Center of the Republic of Korea, had been held online in 2022 and in person in 2023, welcoming 70 cancer researchers and health care professionals from 41 developed and low- and middle-income countries. The associated training resources were available as free downloads from the IARC Learning Portal, along with a new teaching toolkit on cancer research for cancer prevention and many free self-learning resources. Two courses had been developed for the future WHO Academy. Nine IARC postdoctoral fellowships had been awarded, and a further two fellowships were to be financed by the United Kingdom charity Children with Cancer UK.

Replying to a question posed by the CHAIRPERSON in his personal capacity, Dr BRAY, Head, Cancer Surveillance, said that the harmonization of tumour staging systems between different countries was a complex task. The Agency had developed a staging tool, Essential TNM, as a proxy for use in low- and middle-income countries pending the introduction of a full tumour/node/metastasis staging system.

Dr ITO (Canada) commended the IARC Cross-Cutting Working Group on Cancer Prevention Knowledge Translation and Transfer for its efforts to raise awareness of the Agency's work. The IARC Equity and Diversity Advisory Group was also doing valuable work.

Dr RATHMELL (United States of America) welcomed the Agency's work with low- and middle-income countries and emphasized the need to consider governance and ethics in the area of data-sharing.

Responding to a point raised by Dr NAKAGAMA (Japan), Dr BRENNAN, Head, Genomic Epidemiology, drew attention to research results recently published in the journal *Nature*, describing mutational signatures identified in almost 1000 individuals with kidney cancer. In Japan, a mutational signature of unknown cause had been found in more than 70% of cases; work was now under way to identify the cause of the mutation, determine whether it was present in other populations in east Asia and the rest of the world and, potentially, use it to predict the development of cancer.

Responding to a point raised by Dr DOMÉNECH (Spain), Dr SCHUBAUER-BERIGAN, Acting Head, Evidence Synthesis and Classification, said that the Advisory Group to Recommend Priorities for the IARC Monographs during 2025–2029 had recommended 19 pesticides for the Monographs process. Discussions were currently under way with WHO headquarters about the final choice of substances for the Monographs.

Responding to a point raised by Dr GUO (China), Dr SCHÜZ, Head, Environment and Lifestyle Epidemiology, said that, following the success of the regional codes against cancer in Europe and Latin America, work was now under way on the criteria for a regional code against cancer in Asia and the subregions to be considered were being selected.

Ms HELANDER (Finland) welcomed the emphasis in the Agency's work on prevention, personalized health care and the integration of data, as well as the work on biobanks. She drew attention to the need to address rare tumours in which the pharmaceutical industry had no commercial interest.

The SECRETARY said that research in cancer prevention, especially for rare tumours, amounted to only approximately 5% of cancer research budgets and was mainly financed by governments rather than the pharmaceutical industry. More funding for prevention research was required.

The RAPPORTEUR read out the following draft resolution, entitled "IARC Biennial Report 2022–2023" (GC/66/R3):

The Governing Council,

Having reviewed the IARC Biennial Report for 2022–2023 ([Document GC/66/3](#)),

1. EXPRESSES its satisfaction with the work accomplished; and
2. COMMENDS the Director and her staff on the Biennial Report.

The resolution was **adopted**.

## **7. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 7 of the Agenda**

The DIRECTOR-GENERAL addressed the Governing Council in a prerecorded video message. He noted that the sharp increase in the number of people with cancer and the number of cancer deaths had disproportionately affected low- and middle-income countries. WHO and IARC were working together to identify and implement advances in cancer control and prevention, particularly in the three flagship areas of breast, cervical and childhood cancers. On World Cancer Day in February 2024, WHO and IARC had issued a shared message that translated IARC data into WHO policy messages. The next WHO global status report on cancer, scheduled for publication in 2025, would lay out research and policy priorities for the decade to come. He wished the Governing Council success in its deliberations, and welcomed the two new Participating States, Egypt and Saudi Arabia.

**The Governing Council took note with appreciation of the Director-General's address.**



## 8. DIRECTOR'S REPORT, INCLUDING MAJOR SCIENTIFIC HIGHLIGHTS: Item 8 of the Agenda

[\(Document GC/66/4\)](#)

### **A short video was shown, presenting some of the highlights of the Director's Report.**

The SECRETARY, illustrating her remarks with slides, presented her Director's Report, covering the period since the previous session of the Governing Council.

With reference to the Agency's scientific work, she said that the GLOBOCAN estimates for 2022 had been presented to the Participating States in Geneva in January 2024, with a video and fact sheet for each State detailing its own situation, followed by a joint launch and press briefing with the Global Cancer Observatory in February 2024. Of the estimated 20 million cancer cases diagnosed in 2022, breast cancer was the most commonly diagnosed cancer in women, followed by lung, colorectal, cervical and thyroid cancers. Lung cancer was the most commonly diagnosed cancer in men, followed by prostate, colorectum, stomach and liver cancers. Of the 10 million cancer-related deaths in the same year, breast cancer was the leading cause of death in women, and lung cancer in men.

A study published in the *Pan American Journal of Public Health* had shown that children aged 0–14 years in Latin America and the Caribbean had a higher incidence of lymphoma than the global average, potentially owing to the widespread prevalence in the subregion of Epstein–Barr virus, Kaposi sarcoma herpesvirus and human T-lymphotropic virus. Another study had assessed the associations between lifestyle changes during follow-up and cancer mortality in the European Prospective Investigation into Cancer and Nutrition cohort. Leading a healthier lifestyle following a cancer diagnosis was associated with 13% lower cancer mortality, as measured by the Healthy Lifestyle Index, while leading a less healthy lifestyle was associated with 19% higher cancer mortality.

Other published research findings included a study reported in *Lancet Regional Health – Europe* in 2023, showing strong positive associations between consumption of ultra-processed foods and the risk of cancer, cardiovascular diseases and type-2 diabetes. As mentioned by the member for Japan, a study of 962 renal cancer whole genomes from 11 countries, shortly to be published in *Nature*, had identified specific mutational signatures, some previously unidentified, that were confined to specific geographical areas; a large international survey was being planned to examine up to 5000 samples of renal tissue in order to identify new, previously unsuspected, mutagens. In the area of early detection of cancer, a study under the INTEGRAL programme, published in *Nature Communications* in 2023, had identified 26 circulating proteins strongly associated with the risk of lung cancer; future planned research included a clinical risk prediction model, implementation studies for assessing eligibility for low-dose computed tomography screening, and discovery analysis to identify novel risk markers for lung cancer in never-smokers. The findings on cancer mortality from the historic cohort study of workers in the world's largest chrysotile asbestos mine and its enrichment factories in Asbest town, Russian Federation, had been published in the *Journal of the National Cancer Institute* in January 2024, showing the importance of the level of exposure in the development of mesothelioma and lung cancer.

IARC research in Africa included studies on oesophageal cancer etiology, early detection of bladder cancer, childhood cancer and breast cancer. The African Breast Cancer Disparities in Outcomes study had revealed marked racial disparities in survival and inequities throughout the breast cancer journey. To improve breast cancer survival, interventions were needed to promote earlier diagnosis in Black Namibian women and to increase multimodal treatment initiation and completion in all women.

To mark International Women's Day in 2024, the Agency had issued the fifth IARC Evidence Summary Brief, entitled "Maternal orphans due to cancer: the intergenerational impact of cancer deaths in women", which highlighted the large number of children who had lost their mothers to cancer and called for greater support for them.

The Agency had evaluated the impact of the policy of single-dose vaccination against HPV, first trialled in India, using evidence-based and context-responsive modelling. In India, the single-dose vaccination programme was expected to eliminate cervical cancer in the next 50 years.

The Agency was involved in three pilot projects to extend population-based screening programmes to prostate and gastric cancers in Europe, namely: prostate cancer awareness and initiative for screening in the European Union; accelerating gastric cancer reduction in Europe through *Helicobacter pylori* eradication; and towards gastric cancer screening implementation in the European Union.

Turning to publications, she highlighted the publication in 2024 of Volume 20A of the WHO Handbooks of Cancer Prevention series, entitled *Reduction or cessation of alcoholic beverage consumption*. The IARC experts had concluded that there was sufficient evidence that reduction or cessation of alcohol consumption reduced the incidence of cancers of the oral cavity and the oesophagus. The working group meeting for Volume 20B, on alcohol control policies, was scheduled for October 2024.

Three Monographs meetings had taken place in 2023, for Monographs 133, 134 and 135, respectively. New or updated classifications had been reached for nine agents. The conclusions of the Advisory Group to Recommend Priorities for the IARC Monographs during 2025–2029 had been published in *Lancet Oncology*, and the full report would be published later in 2024.

In 2023, IARC scientists had published a total of 374 articles in 178 journals, of which 78% were peer-reviewed papers. The citation index was 14, meaning that 14 articles had been cited at least 14 times each. A total of 95% of papers had involved international collaboration.

In respect of cooperation, partnerships and strategic engagement, she drew attention to the joint IARC-WHO strategic workplan for 2023–2025. The committees to support implementation of the strategic workplan brought together the IARC Director, WHO Assistant Directors-General and the WHO Chief Scientist. The priority projects codesigned by WHO and IARC included a relaunch of the Global Initiative for Cancer Registry Development (GICR) project, now called GICR+. Three IARC teams had been assigned to support the three WHO flagship initiatives on breast, cervical and childhood cancers. IARC would also make a major contribution to the WHO global status report on cancer, due to be published in 2025.

IARC and the Joint WHO/Food and Agriculture Organization Expert Committee on Food Additives had released the results of the hazard and risk assessments for the sweetener aspartame in July 2023. The assessment process had been coordinated as closely as possible to avoid confusion between the two assessments and maximize efficiency. Proposals for updating of the Standard Operating Procedure (SOP) for collaboration between WHO and IARC would be submitted to the Governing Council at its 67<sup>th</sup> session in 2025.

In 2023, IARC had signed 74 collaborative research agreements and seven memorandums of understanding with partner institutions. In March 2024, it had celebrated the 10<sup>th</sup> anniversary of the Effect of *Helicobacter pylori* Eradication on Gastric Cancer Prevention (HELPER) study in the Republic of Korea. The first course to be held at the new IARC-National Central Cancer Registry Learning Centre in China would take place in the summer of 2024, and further courses were planned for 2025 in collaboration with the Brazilian National Cancer Institute and the University of São Paulo.

In the area of data protection, she drew attention to the IARC Data Protection Policy and the recently updated Data Protection General Awareness training, mandatory for all staff members. A standard data use agreement template made it possible to share data with collaborators remotely, and discussions with the European Commission, the European Data Protection Supervisor and other international partners were under way to find a long-term solution to data-sharing.

Turning to financing and fundraising, she reported that the Agency was in discussions with 10 potential new Participating States. It had developed a strong investment case for membership and produced

attractive communications materials. Discussions with Greece and Indonesia had proved particularly promising. A new brochure had been produced to encourage individuals to leave a legacy to IARC in their wills, and contacts had been made with notaries' offices. The Secretariat had succeeded in approaching an ultra-high-net-worth individual as a potential donor and looked forward to a positive outcome later in 2024. She expressed her gratitude to the Kingdom of the Netherlands, Germany and the Gulf Center for Disease Prevention and Control for their generous one-off contributions.

The Agency had signed 112 contracts or amendments to contracts in 2023, for a total of over € 20 million. The Bill and Melinda Gates Foundation was the main funder, thanks to a direct grant of € 4 million for the evaluation of HPV vaccine effectiveness in low- and middle-income countries. The European Commission was the third-largest funder. The top nine funders represented 80% of the Agency's funding. IARC continued to apply two levels of due diligence and risk assessment to engagement with non-State actors, in accordance with the WHO Framework for Engagement with Non-State Actors. In 2023, it had applied the low-risk, simplified procedure in respect of over 400 non-State actors (NSA) and had not used the standard procedure. A total of 1416 NSA profiles had been included in the IARC due-diligence register.

IARC had continued its work on the introduction of the new Business Management System, scheduled for the second half of 2024, and had introduced a number of cybersecurity measures, both financed by a sum of over € 500 000 authorized by the Governing Council.

Finally, in relation to staffing matters, she presented a number of changes in the senior scientific staff. Dr Pietro Ferrari had been appointed as Head of the Nutrition and Metabolism Branch, Dr Mary Schubauer-Berigan as Acting Head of the Evidence Synthesis and Classification Branch, Drs Dilani Lokuhetty and Beatrice Lauby-Secretan as deputy branch heads and Ms Charu Mehta as Branch Head of the Services to Science and Research Branch, ad interim.

As at 29 February 2024, there was a total of 237 staff members (214 fixed-term, 23 temporary) and 145 early-career and visiting scientists. The number of both professional and general-service staff had decreased, as had the number of posts funded from the regular budget.

At the senior level (grades P4 and P5 and above), the proportion of women was 50% for P4 and 20% for P5 and above; women accounted for 33% of branch heads, 50% of deputy branch heads and 60% of team leaders. A total of 44 nationalities were represented. Of the staff on fixed-term contracts, 87.9% came from Participating States.

Dr MIKKELSEN, Director, Noncommunicable Diseases, WHO headquarters, participating remotely, congratulated Egypt and Saudi Arabia on their accession to the Agency. She commended the Participating States for their political commitment to the Agency's work, which required meaningful multisectoral action and engagement of affected communities. IARC and WHO needed the continued support of the Participating States to support the research and policy breakthroughs of tomorrow. IARC research had contributed to guidance on single-dose HPV vaccination and access to technologies for cervical cancer screening. WHO had launched a global initiative to provide cancer medicines free of charge for all children in 50 countries. It had set up global, regional and hospital networks to coordinate clinical research and implementation, accelerated regulatory approvals for new medicines, and improved research and data systems. WHO and IARC were collaborating with external partners for the timely diagnosis of breast cancer, including point-of-care testing. WHO was increasingly involved in the GICR initiative and was due to publish the next edition of the WHO Global status report on cancer in 2025, in response to the perennial demand from Member States for reliable data.

Dr ITO (Canada) thanked the Director for her report and welcomed the improved collaboration with WHO. The revised SOP should lay down clear lines of responsibility and facilitate communication between the two agencies and with the public. She hoped that the number of female staff at P5 level and above would continue to increase.

Dr VIOLA (Brazil) commended the Agency on its research achievements. The evidence for a single-dose regime for HPV vaccination was particularly valuable for low- and middle-income countries.

Professor AL ASIRI (Saudi Arabia) welcomed the Agency's collaboration with the Gulf Center for Disease Prevention and Control and undertook to encourage other States in his region to join IARC.

Ms KRANES (Germany) commended the Director on the activities of the Agency over the past year, particularly the priority projects chosen, the improvements in information technology and the improved governance mechanisms. The new WHO Academy would be a valuable partner in increasing the evidence base for cancer prevention and control.

Mr KIM (Republic of Korea) expressed his appreciation for the ongoing collaboration with IARC on the HELPER project. His country hoped to integrate screening and prevention interventions in future, for instance combining tobacco cessation interventions with lung cancer screening. He suggested that behavioural factors linked with cancer risk, such as physical inactivity, should be considered in a future Monograph.

Dr NAKAGAMA (Japan) commended the Agency particularly on its effective dissemination of scientific information. His country was a coordinator of the discussions on the future Asian code on cancer. He would endeavour to promote contacts between the Agency and Japanese philanthropic institutions which might provide funding.

Dr BIFFONI (Italy) noted that there had been some criticism of the 2023 article in *Lancet Regional Health – Europe*, and that the authors had published a reply.

Dr GUO (China) emphasized the need for early screening and intervention, as well as behavioural interventions. In addition to HPV vaccination, vaccination against hepatitis B was also effective in reducing liver cancer rates.

Professor HASSANY (Egypt) noted that his country was involved in the Cancer Care Africa programme, which provided screening, prevention activities and cancer care in primary health care.

The RAPPORTEUR read out the following draft resolution, entitled "Director's Report" (GC/66/R4):

The Governing Council,

Having reviewed the Director's Report ([Document GC/66/4](#)),

1. THANKS the Director for the Report and for the highlights provided therein;
2. NOTES with satisfaction the continued efforts made towards further strengthening coordination and communication between IARC and WHO;
3. THANKS the Secretariat for its report on IARC engagement under the Framework of Engagement with Non-State Actors (FENSA) as part of the Director's Report, in accordance with Resolution GC/60/R17;

Recalling its Resolution GC/64/R2 in which it noted that, in support of the IARC Medium-term Strategy for 2021–2025, the Director would make partial use of the unbudgeted assessments of new Participating States to modernize IARC's administrative management system through participation in WHO's new Business Management System project, and to further strengthen IARC's data protection framework and scientific data management systems,

4. NOTES that the Director will continue to make partial use of such funds for the aforementioned purposes in the biennium 2024–2025;
5. THANKS the Director for reporting on the use of these funds; and
6. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted**.

## **9. REPORT OF THE SIXTIETH SESSION OF THE SCIENTIFIC COUNCIL: Item 9 of the Agenda**

**[\(Document GC/66/5\)](#)**

## **10. DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE SCIENTIFIC COUNCIL FROM THE SIXTIETH SESSION OF THE SCIENTIFIC COUNCIL: Item 10 of the Agenda**

**[\(Document GC/66/6\)](#)**

Dr INOUE (Outgoing Chairperson, Scientific Council), illustrating her remarks with slides, presented the report of the 60th session of the Scientific Council, which had taken place in person between 7 and 9 February 2024.

The Scientific Council had noted with appreciation the Director's Report, including the Biennial Report 2022–2023. In closed session, it had discussed the annual contributions outstanding from one Participating State. The Scientific Council member from Qatar had undertaken to liaise with her counterpart on the Governing Council to discuss the resumption of a formal dialogue with the State concerned. The Scientific Council had further noted with concern that, at present, 60% of the operating costs of the Monographs programme were covered by grants from a single country and had welcomed the Secretariat's efforts to diversify the means of support for that programme.

The Director and her staff had noted with great satisfaction the overall outstanding evaluation of the Nutrition and Metabolism Branch in 2023. The Scientific Council had taken note with appreciation of the efforts made to implement its recommendations.

A dedicated joint working group of the Scientific Council and Governing Council would review the draft report on the evaluation of the IARC Medium-term Strategy and submit its recommendations to the Scientific Council in February 2025 and the Governing Council in May 2025. Professor Romundstad (Norway) and Dr Pinto (Brazil) had been appointed to the working group from the Scientific Council.

Preparations for the next Medium-term Strategy would begin during the current session of the Governing Council.

Dr Satish Gopal (United States of America) and Professor Louisa Gordon (Australia) had been appointed to the joint Governing Council/Scientific Council advisory group for the development of the Medium-term Strategy 2026–2030. However, since Professor Gordon's term on the Scientific Council was about to expire, she had been replaced by Dr Mohamed Berraho (Morocco).

Turning to the biennial report on IARC education and training activities 2022–2023, she reported that the Scientific Council had enquired about the possibility of mandatory training for all PhD students on equity, open science, sustainability and the impact of professional activities on the environment. An active alumni network was essential, particularly for those alumni working in low- and middle-income countries.

Scientists in the various scientific branches, laboratory support, biobanking and services had prepared short "flash talks" to present their work. The Scientific Council had found the flash talks to be relevant, well presented and well aligned with the IARC Medium-term Strategy. The activities presented reflected the unique position of IARC and were likely to have high or very high public health impact. Since the next session of the Scientific Council was due to take place entirely remotely, the Scientific Council suggested that the flash talks also take place online, in early December 2024.

The Scientific Council had taken note of the Secretariat's update on data science activities and supported the plan for the next stage of development of the scientific information technology platform. It suggested a number of areas for further development, namely: platform development, cybersecurity measures, resource needs, data-sharing hub, open artificial intelligence systems and dynamic patient consent. With reference to the report on the IARC vision for open science, the

Scientific Council had emphasized the importance of accessibility, openness, funding, data-sharing and re-evaluation of traditional metrics to enhance the impact of cancer research publications.

The Scientific Council would review the Early Detection, Prevention and Infections Branch on 13–17 January 2025 (panel: Drs Satish Gopal (Chairperson), Sirpa Heinävaara and Young-Woo Kim) and the Epigenomics and Mechanisms Branch on 20–24 January 2025 (panel: Drs Walter Berger, David Gisselsson Nord (Chairperson) and Orla Sheils). The reviews would take place remotely over five half-days.

IARC had received over one fifth of the funding allocated to the COVID-19 and Cancer Initiative. The Agency would focus its activities on one main type of cancer at a time and continue to consult the Scientific Council about appropriate priority research areas. The Scientific Council had undertaken to discuss options for a new name for the Initiative, which was no longer strongly related to COVID-19, and report its proposals to the Governing Council in due course.

The Scientific Council had offered suggestions and support related to the plans for a year-long campaign to celebrate the 60th anniversary of the founding of IARC, culminating in a major scientific conference in May 2026.

The Scientific Council had reviewed the Evidence Synthesis and Classification Branch and had assessed the three programmes of the Branch, namely the Handbooks of Cancer Prevention, the IARC Monographs and the WHO Classification of Tumours series. In all cases, the assessment of scientific quality was outstanding for both past performance and future plans, and the assessment of relevance to the mission of IARC was also a perfect fit for both past performance and future plans.

Finally, she reported that the Scientific Council had elected Dr Luis Felipe Ribeiro Pinto (Brazil) as its next Chairperson and Dr Sirpa Heinävaara (Finland) as Vice-Chairperson. The 61st session would take place entirely remotely from 12 to 14 February 2025.

Because of time constraints, the SECRETARY referred the Governing Council to her written response to the report of the Scientific Council (document GC/66/6), in which she had expressed her appreciation for the constructive comments of the Scientific Council. She assured the Governing Council that the recommendations relating to the Agency's data science activities and cybersecurity had been followed up.

The RAPPORTEUR read out the following draft resolution, entitled "Report of the Scientific Council" (GC/66/R5):

The Governing Council,

Having reviewed the Report presented by the Sixtieth Scientific Council (Document GC/66/5) and the Director's response (Document GC/66/6),

1. NOTES the Report (Document GC/66/5) with great interest;
2. CONGRATULATES the members of the Scientific Council for their supportive and excellent work; and
3. COMMENDS the Director for her constructive responses to the recommendations of the 60<sup>th</sup> Session of the Scientific Council.

The resolution was **adopted**.

**11. ANNUAL FINANCIAL REPORT, REPORT OF THE EXTERNAL AUDITOR AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023: Item 11 of the Agenda.**

**(Document GC/66/7)**

Mr SINGH (External Auditor (WHO)), participating remotely, said that the financial statements of IARC presented fairly the financial position at 31 December 2023. The audit had included a general review of the financial statements and internal controls and a test examination of the accounting records and other supporting evidence, to the extent considered necessary to form an opinion. The audit had been conducted in accordance with IPSAS by the External Auditor in an independent capacity and in line with appropriate ethical standards. An unqualified audit opinion had been given. The financial statements reflected a true and fair view of the operations of IARC and had been presented in accordance with IPSAS. The internal controls were adequate and effective in fulfilling the mandate of the organization. The accounting policies of IARC were in compliance with IPSAS and the transactions and activities complied with WHO's Financial Regulations and Financial Rules.

Concerning the audit recommendations, it had been found that IARC had two term deposit accounts (CAT), both of which had a value of €5.5 million, that were not readily convertible into cash and had a maturity period of more than three months. It was recommended that IARC present the CAT deposits as long-term investments in its financial statements to ensure conformity with IPSAS and modify the relevant notes to accounts accordingly. It was also noted that, following a meeting in April 2023, IARC's Committee for Information Security Oversight (CISO) had suggested the creation of a Data Breach Policy as a priority. The External Auditor recommended that IARC develop and implement a Data Breach Policy as soon as possible.

Two kinds of environmental objectives were set out in the Medium-term Strategy 2021–2025 to reduce the environmental impact of IARC's work. Although Key Performance Indicators to track progress towards the objectives were set out in the Strategy, IARC did not have a comprehensive, fully operational in-house monitoring tool to measure its carbon footprint and it had yet to develop a policy on the compensation programme for international travel. It was recommended that IARC prepare a timeline with detailed milestones and carry out a costing exercise for implementation of its ambition to reduce its carbon footprint and for better monitoring and resource planning.

Dr BIRD (Canada) was pleased to note that that External Auditor had once again provided an unqualified opinion on the financial statements of IARC. She was further pleased to note that the number of identified risks had significantly declined since 2022, primarily due to the move to the new building. She welcomed the Agency's efforts to identify actions to mitigate and address the risks and strongly encouraged the Director to highlight the progress made in that regard. She was also pleased to see that IARC had implemented an internal control self-assessment in 2023 in which internal controls were deemed to be strong overall. She understood that the results of the self-assessment exercise would be reviewed, and action plans developed to address areas for improvement; she looked forward to learning more about them.

It was encouraging that IARC had reported a surplus for 2023, continuing the trend from 2022. There had also been an overall decrease in expenditure, with the main increases arising from the move to the Nouveau Centre. The collection rate for 2023 had been lower than for the previous year, leading to IARC's increased use of the Working Capital Fund. She strongly encouraged Participating States to pay their annual contributions on time and in full, in order to keep supporting the Agency's financial health and its ability to deliver on its scientific programme.

Dr RATHMELL (United States of America) was pleased that IARC's balance sheet continued to demonstrate a positive balance in net assets, even when accounting for long-term staff liabilities. She was deeply concerned by the decrease in the Working Capital Fund. She noted that the budget surplus in 2023 was largely due to the favourable exchange rate whereas there had been exchange rate losses in 2022. She asked whether IARC had a contingency plan for future changes in the exchange rate.

Mr MINAEV (Russian Federation) welcomed the list of future accounting changes arising from new and amended IPSAS standards that had been included in the Annual Financial Report. He further welcomed the positive cash balance and assets and liabilities ratio recorded at the end of 2023, which demonstrated the sound financial position of IARC. He requested that the External Auditor should further study the actuarial valuation of the After-Service Health Insurance (ASHI) liabilities and provide a view on the discount rate. Noting that procurement expenses had increased, he asked the External Auditor to further examine IARC's procurement processes and to include the findings in a future audit report. He asked the Secretariat why there had been an increase in non-cash depreciation expenses, as recorded in paragraph 8.8 of Document GC/66/7, which he thought might be due to the operationalization of the new building.

Ms LI (China) expressed appreciation that the budget utilization rate for the biennium 2022–2023 was at 100%. She asked why there were differences between the budget and actual expenditure, especially under “Understand the causes of cancer” and “Enable and support the efficient conduct of coordination of research”. She further sought an explanation for the significant increase in personnel training costs in 2023. While supporting a continued focus on a 100% utilization rate, it would be important to pay attention to actual efficiency in the use of funds to ensure the sustainability of financial investment in cancer research and to enhance the efficiency of fund allocation. She hoped that greater attention would be given to developing countries and to expenditure on capacity-building.

Ms MEHTA (Director of Administration and Finance, ad interim), responding to questions raised, confirmed that Mr Minaev (Russian Federation) had been correct in his interpretation that non-cash depreciation had increased as a result of the move to the new building. The explanation for the increase in expenditure in comparison with the budget might be broadly due to the normalization of the operations of the Agency post-COVID-19. There had been new initiatives on training which could explain the increase in costs. She undertook to look into the questions and to provide more detailed answers subsequently.

Mr SINGH (External Auditor (WHO)), participating remotely, referring to the questions concerning actuarial valuation of the ASHI and the procurement operations of IARC, said that he would provide answers in writing within a week or two.

Ms MEHTA (Director of Administration and Finance, ad interim), in reply to the question concerning the exchange rate, confirmed that the Agency had a currency realignment provision built into the accounts, which was set aside as a contingency in the Governing Council Special Fund.

The RAPPORTEUR read out the following draft resolution, entitled “Annual Financial Report, Report of the External Auditor and Financial Statements for the Year Ended 31 December 2023” (GC/66/R6):

The Governing Council,

Having examined [Document GC/66/7](#) “Annual Financial Report, Report of the External Auditor and Financial Statements for the year ended 31 December 2023”,

1. THANKS the External Auditor for their Report;
2. NOTES the “unqualified” audit opinion; and
3. APPROVES the Report of the Director on the financial operations of the Agency.

The resolution was **adopted**.

**The meeting rose at 17:10.**