



**INTERNATIONAL AGENCY FOR RESEARCH ON CANCER  
CENTRE INTERNATIONAL DE RECHERCHE SUR LE CANCER**

**Governing Council  
Fifty-first Session**

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Auditorium*

**DIRECTOR'S REPORT**

1. The International Agency for Research on Cancer (IARC), as the specialized cancer agency of the World Health Organization, has a unique and vital place in global efforts to reduce the burden of cancer worldwide.
2. Cancer is now commoner in the more developing countries than in the more developed. The gap is forecast to increase markedly in the next 40 years based on demographic ageing, population growth and changing exposures to lifestyle and environmental risk factors. The international perspective that the Agency brings to cancer research has never been more apt.
3. The increasing burden of cancer, along with other noncommunicable diseases, will occur in conjuncture with the current inequality in access to appropriate treatment and care. The emphasis that the Agency places on cancer prevention has never been more relevant.
4. Research into the causes and prevention of cancer increasingly benefit from international comparisons, large-scale multi-centre studies, and shared expertise. The inherent mission of the Agency as an international organization to “coordinate and conduct research” has never been more powerful.
5. At this year's IARC Day the Agency will award the IARC medal to two distinguished scientists for their truly exceptional achievements in cancer research, namely the identification of human papillomavirus (HPV) as a necessary cause of cervical cancer and the development of a dual strategy to reduce the burden of this cancer by vaccination and by screening. These discoveries will lead to a significant reduction in the current burden of over half a million cases of cervical cancer worldwide, with a vast majority of cases occurring in women in developing countries. Professor Harald zur Hausen from the German Cancer Research Centre was awarded the Nobel Prize in Medicine in 2008 “for his discovery of human papillomaviruses causing cervical cancer”. Professor Nubia Muñoz made major contributions to the establishment of the etiology of cervical cancer through her pioneering epidemiological studies during her distinguished career as a scientist at IARC.

6. It is notable in the above context that one of the Agency's scientific highlights of 2009 (see below) is the demonstration by Dr Sankaranarayanan and his Indian collaborators that a single round of HPV testing resulted in close to a 50% reduction in the numbers of advanced cervical cancers and deaths from cervical cancer in India in a cluster-randomized control trial. This collaborative effort has enormous public health importance in demonstrating the value of different screening approaches in cervical cancer prevention.

7. Thanks primarily to the dedication of its staff and also due to the commitment of its collaborators and the support of its Councils and the WHO, the IARC maintains an outstanding reputation for the quality of its research, its coordinating and support roles and its ability to address cancer causes and prevention worldwide. The incoming Director would like to acknowledge the important contribution of Dr Peter Boyle, the previous Director in continuing to develop this reputation.

8. This report focuses first on plans and activities since the arrival of the new Director on 1 January 2009 and subsequently briefly summarizes information on activities from the previous Governing Council meeting in May 2008 until the current date.

### **Summary Report: January to March 2009**

9. The new Director took office on 1 January 2009. The first phase of work from January to March 2009 involved two main objectives: to prepare a scientific strategy for consideration at the 45<sup>th</sup> session of the Scientific Council in January and to restructure the Agency in order to support this scientific vision.

### **Scientific Vision**

10. A document (SC/45/10) was presented by the Director to the Scientific Council detailing a number of priority areas where new or renewed research emphasis was required. This was supported by a presentation to the Scientific Council in open session and a detailed discussion between the Council and the Director in closed session.

11. The major principles of the Agency's research mission were emphasized, notably the need to play a coordinating role in multi-centre studies with international collaborators, to integrate laboratory and epidemiology research, to have a particular focus on low and middle-income countries and to emphasize cancer prevention. A number of areas were then highlighted where the Director felt that the Agency needed to strengthen its activity through recruitment of senior staff in order to meet this overall mission:

- Cancer registration;
- Biomarkers of environment and lifestyle exposure;
- Nutrition, obesity and physical activity;
- Implementation research.

12. A rationale was provided for each in relation to the Agency's overall goals and these are detailed in document SC/45/10. The areas were discussed by the Council along with a more general consideration of priorities. The Scientific Council report stated that "the Scientific Council was generally supportive of the Directors plans" and "encouraged the Director to take the action he feels necessary to restructure IARC."

13. The Director also presented three initiatives for consideration by the Scientific Council in relation to research in low and middle-income countries (document SC/45/12). These areas are consistent with the research priorities detailed in the overall plan but concern specific projects. The Scientific Council endorsed his proposals after detailed debate on the 'Behavioural Change' component. Approval is being sought at this session from the Governing Council to use Voluntary Undesignated Funds for these activities (see document GC/51/12). The three initiatives are: a) improving the coverage and quality of data from cancer registries in low and middle-resource countries; b) recruitment of skills in behavioural and sociological research initially focused on screening in low-resource countries, to enable the translation from proof-of-principle of the value of low technology cancer screening into implementation at the population level; and c) the Gambia Hepatitis Intervention Study (GHIS), namely to demonstrate the efficacy of HBV vaccination in reducing liver cancer incidence, whilst also building on this platform in order to enable a new generation of studies of cancer etiology and prevention in the region. Strengthening this unique national cancer registry in West Africa will also be a feature of this investment.

### **Scientific Organization**

14. The Director reviewed the current Cluster, Group and Team structure and decided that this was not optimal for delivery of the future mission of the Agency. Notably there were some research areas of poor fit within specific Clusters, a lack of clear expectation of the leadership through the Cluster structure and some ambiguity as to the status of Clusters, Groups and Teams.

15. Consequently a decision was taken to reorganize the scientific structure of the Agency into Sections, with one or more Groups comprising a Section; Teams would either be elevated to Group level or subsumed into existing Groups. The underlying principles for the reorganization were that the new structure should be consistent with the major research activities of the Agency as outlined in the Director's plan to the Scientific Council; provide clear line management and support for career development of all staff; develop strong leadership through the role of Section Heads; and ensure that research across Sections is facilitated.

16. A total of ten Sections was created (Annex 1). These give increased emphasis to core areas such as cancer information (including cancer registration), the Monographs programme and early detection and prevention. In addition, the changes create the

environment for recruitment of senior leadership in the Sections of Cancer Information, Nutrition and Metabolism and of Biomarkers.

17. In order to support the scientific activity, two leadership committees were created. The first is the Senior Leadership Team (SLT), comprising the Director, all Heads of Sections, the Director of Administration and Finance (DAF) and the Head of Communications. The primary role of the SLT is to provide strategic leadership to the Agency through its advice to the Director. Its mandate is detailed in the attached Terms of Reference (see Annex 2).

18. The second leadership committee is the IARC Operational Team (IOT), comprising the DAF, the Heads of the Support Services (Finance, Human Resources, Buildings, Information Technology, Grants, Communication), and one Section Head. The primary role of the IOT is to ensure the support services enhance the scientific activity of the Agency (for details see Annex 2). A two-way dialogue between the SLT and IOT is essential in this respect. The explicit Terms of Reference and the degree of shared membership across the two committees are designed to facilitate this communication.

19. The proposed restructuring plan was presented to all staff by the Director in a presentation on 10 March 2009. The Director subsequently invited written signed comments from any member of the Agency for a period of approximately one week. A total of sixteen responses was received. As a result a number of improvements were made to the original plan, notably to the names of Groups and Sections and precision with respect to the Terms of Reference of the Committees and Role of Section Head. The final structure was decided by the Director and implemented on 14 April 2009.

### **Support structures**

20. A number of other areas within the Agency are currently or will be subject to review including Education and Training and the development of appropriate Key Performance Indicators for the Agency.

21. The laboratory-based research at the Agency is essential to its research mission. However, the laboratories lack state-of-the-art equipment and there are also concerns about the maintenance and replacement of existing equipment. In addition, the mechanisms by which laboratory services are provided across the research groups of the Agency should be considered. The balance between in-house equipment and collaboration with external centres of excellence is an important consideration. The Director has appointed a Laboratory Working Group, with representation across the Agency, to consider a number of specific areas (Annex 3, Terms of Reference) to report by the end of June 2009. This will provide the foundation for both the organization and investment in laboratory research in the short- to medium-term.

22. The support services of the Agency are vital in achieving the scientific objectives. The Director has begun to initiate work plans for each of the key support areas, starting

with Communications and Human Resources. Examples of initiatives emerging from ideas from these two services include the installation of state-of-the-art videoconferencing facilities, an IARC staff day planned for June 2009 and creation of an IARC induction pack for new staff and to assist in recruitment.

## **Recruitment**

23. The reorganization has provided a clear scientific structure and a foundation for the activities of the Agency over the coming years. It also provides the necessary clarity for the next phase, namely recruitment of senior scientific staff into these priority areas. The majority of the posts have been made available by using existing vacancies or by restructuring.

24. Recognizing the need to advance as quickly as possible, experienced scientists have been invited to act in a consultative capacity in the areas of cancer registration, nutrition and the Gambia Hepatitis Intervention Study over the coming year, whilst recruitment is ongoing.

25. One important objective of the first three months of 2009 was also the recruitment of a new DAF following the retirement of Mr Johnson in December 2008. The WHO Headquarters supported the Director's preference for an open competition for this post, given its critical nature for the Agency. Applications were received from 250 candidates, 52 from WHO and other UN agencies, of which three candidates (all internal to WHO) were interviewed. The Agency was fortunate to recruit Dr Hichem Lafif from the Eastern Mediterranean Regional Office, WHO, to become the new DAF at IARC as from 22 June 2009.

## **Staffing**

26. In April 2009 there were 288 people working at the Agency. Of these, 171 are fixed-term staff of which 63 professional staff (38 men; 25 women) and 108 general service staff (29 men; 79 women). Two general service staff in the Information and Technology Services (ITS) were appointed to professional posts. Of the 63 professional staff there are 48 in the scientific sections and 15 in the support services. The number of temporary/short-term staff working at the Agency is 23.

27. Reflecting the international nature of its research, the Agency staff are drawn from 47 different countries. Of the staff on fixed-term contracts, 93% are from Participating States.

28. There are 46 students at the Agency, 32 post-doctoral scientists, of whom 11 are fellows, supported by IARC awards, and nine visiting scientists from a total of 24 different countries.

29. Since May 2008 ten staff members have left the Agency: four professional and higher category staff members (R. Alloin, P. Boyle, L. Egevad, M. Johnson) and six general service staff (A. Arslan, I. Gilibert, C. Manigand, A. Millerat, G. Mollon, H. Tardy). Of these five retired and five accepted posts elsewhere. Six new professional staff and six general service staff have arrived in the Agency as follows:

Professional and higher category staff

D. D'Amico	Mrs	Human Resources Officer	P4
L. Galichet	Mr	Editor (English Language)	P2
J. Haukka	Dr	Scientist	P4
R. Nidea	Mr	Finance Officer	P2
G. Scelo	Dr	Scientist	P2
C. Wild	Dr	Director	UG

General Service staff

L. Alteyrac	Miss	Assistant (Informatics)	LY5
C. Carreira	Miss	Laboratory Technician	LY4
S. Moutinho	Miss	Secretary	LY3
N. Robinot	Mrs	Laboratory Technician	LY3
D. Russell	Mrs	Clerk	LY4
K. Veselinovic	Miss	Secretary	LY4

30. Since May 2008, four cases were submitted by IARC staff members to the WHO Ombudsman for consideration.

### **Building work and renovation**

31. A number of building and renovation works have been carried out in the Agency since May 2008. Some of these include security measures, notably:

- Replacement of the Tower windows up to the 5<sup>th</sup> floor with reinforced glass on the cours Albert Thomas side of the building;
- Placement of retractable bollards on the access ramp to the basement of the Tower;
- Reinforcement of the IARC site videosurveillance system.

32. In addition, there have been a number of investments in renovation/improvement of the existing material including:

- Replacement of the bar in the cafeteria;
- Renovation of the lighting system in the Tower inner hall.

33. A plan has been developed to install a state-of-the-art videoconferencing facility on the 11<sup>th</sup> floor in the former Cabinet room (re-named "Conference Room"). This should enable efficient contacts with IARC's collaborators, contribute to cost-saving and reduce the environmental cost associated with air travel. In addition, the VIP room on the 11<sup>th</sup> floor is being converted to a meeting room for 12–18 people. The latter change will permit the 12<sup>th</sup> floor meeting room, adjacent to the cafeteria to be designated as a "Staff Room", something not available to Agency staff to date.

34. Additional information on security measures and plans for renovations of the premises can be found in document GC/51/10, which summarizes discussions held between the Secretariat and the City of Lyon as well as meetings of the Governing Council Working Group established to examine IARC infrastructure projects, including financial aspects (see Resolution GC/49/R11). This Working Group met in Lyon on 22 September 2008 and on 23 February 2009.

### Scientific Highlights

35. The Agency has been successful in a number of areas of its scientific activity and these are generally summarized in the Interim Annual Report (document GC/51/2). In addition, the Director would like to draw attention to a number of specific highlights during 2008/2009.

- ***Cervical screening with Human Papillomavirus (HPV) testing:*** Cancer of the cervix, mainly caused by persistent infection with high-risk HPV types, is a major public health problem that mostly affects poor women in developing countries (80% of the new cases and deaths). In 2000, IARC in collaboration with the Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi and the Tata Memorial Centre (TMC), Mumbai, India, organized a large cluster randomized trial involving some 130 000 women aged 30–59. The trial was to evaluate whether a single round of screening with cytology (32 058 women), HPV test (34 126) or visual inspection with acetic acid (34 074) could lead to reduced occurrence of cervical cancer cases and/or deaths as compared to the control group (31 488) receiving the existing health care. During the eight-year follow-up period (2000–2007), a single round of HPV testing was shown to result in a significant reduction in the numbers of advanced cervical cancers and deaths from cervical cancer (48% reduction). *Reference: Sankaranarayanan et al., HPV Screening for Cervical Cancer in Rural India, New England Journal of Medicine, 360: 1385-1394, 2009.*

- ***IARC Monographs Vol. 100:*** The *IARC Monographs* are one of the highest profile activities of the Agency. Volume 100, resulting from six consecutive meetings during 2008/2009, is a milestone for the series involving as it does a review of all the Group 1 human carcinogens that have been identified to date. In addition, Volume 100 specifically identifies the tumour sites for which there is evidence of cancer in humans. In the first three meetings some exciting new conclusions have been drawn by the Working Groups, not least the risk of ovarian cancer linked to asbestos exposure and the association between Epstein Barr Virus and gastric cancer.
- ***Genetic susceptibility to lung cancer:*** Genome-wide association (GWA) studies have become the method of choice for identifying common genetic variants that influence risk of human diseases. They aim to test the majority of common genetic variations in the human genome for their association with the disease of interest. In collaboration with the Centre National de Genotypage in Paris, France, the IARC has completed a GWA study for lung cancer. 317 139 SNPs were analysed in 1989 lung cancer cases and 2625 controls. The test statistics observed for the two strongest associated SNPs, both located on chromosome 15q25, were in excess of that expected by chance alone. The association between these two variants and lung cancer risk was subsequently replicated from five independent studies, indicating very robust evidence that 15q25 is a susceptibility locus for lung cancer. *Reference: McKay et al., Lung cancer susceptibility locus at 5p15.33. Nature Genetics 40, 1404–1406, 2008.*
- ***Molecular changes in human body fluids:*** Cell-free circulating DNA isolated from the plasma has been shown to harbour cancer-associated changes (DNA methylation) and represents an opportunity for biomarker discovery. The Epigenetics Group in the Agency has recently developed a new method that allows the quantitative and sensitive detection of DNA methylation in multiple genes using minute amounts of DNA obtained from bodily fluids. This laboratory-based technology opens up exciting new opportunities for the study of population-based samples and provides one example where the inter-disciplinary approach of the Agency offers new avenues to study carcinogenesis, cancer etiology and prevention. *Reference: Vaissière et al., Quantitative Analysis of DNA Methylation in a Minute Amount of DNA in Bodily Fluids. Manuscript submitted, 2009.*
- ***HPV infection in anogenital cancers other than the cervix:*** Vulvar, vaginal and anal carcinomas are relatively rare, although increases in their incidence have been reported. These anogenital carcinomas share many risk factors with cervical carcinoma, namely those relating to sexual behaviour and smoking and HIV- or non-HIV-related immunosuppression. A new IARC study collated for the first time all published data from 93 studies worldwide on the prevalence of HPV overall and the individual types involved in anogenital carcinomas and their precursor lesions, in order to estimate the fraction of those that may be prevented by HPV vaccines. The highest HPV prevalence was found in anal carcinoma (84.3%), followed by vaginal carcinoma (67.8%) and lower still in vulvar carcinoma (40.4%). These findings strongly support,

therefore, that two distinct subsets of carcinoma in the vulva and vagina exist, one that is strongly associated with HPV and another, which arises independently of HPV infection. HPV16 seems there to predominate over HPV18 subtype. *Reference: De Vuyst et al., Prevalence and type distribution of human papillomavirus in carcinoma and intraepithelial neoplasia of the vulva, vagina and anus: a meta-analysis. Int. J. Cancer, 124: 1626-1636, 2009.*

▪ **Cancer screening in the European Union:** Substantial proportions of the cancer deaths in the EU are attributable to breast, cervical or colorectal cancer. The annual rates of these cancers vary widely across the EU, reflecting a substantially elevated health burden in many Member States. The IARC Screening and Quality Control Group coordinated the development of the first report in order to show the extent to which the Recommendation of the Council of the European Union on cancer screening has been implemented by the 27 Member States of the EU and to consider the need for further action. Given the long time-frame required to successfully establish cancer screening programmes of appropriate quality, it is too early to see the full impact of the Recommendation of the Council of the European Union. What can be said, however, is that a population-based approach is necessary to implement comprehensive quality assurance and would be the preferred method. *Reference: von Karsa et al., European Communities 2008.*

## Staff Publications

36. In 2008 Agency scientists published a total of 294 articles in 122 journals. Of these 229 were in the form of peer-reviewed articles, 21 were letters to the editor or comments and 44 were various forms of invited reviews, commentaries and other contributions. As of 20 March 2009, a further 72 articles had been published in 47 journals.

37. In addition to publications in journals, the Agency published a number of books and reports. The WHO Classification of Tumours Series continues to be one of the best selling series of WHO Press. The latest volume, on Haematopoietic and Lymphoid Tissues, Fourth Edition, was published on 20 September 2008 and since its launch until March 2009 has sold 19 268 copies. The latest volume of Cancer Incidence in Five Continents (Volume IX) (IARC Scientific Publications No. 160) was printed in 2008, having been published in web form in November 2007. The World Cancer Report (2008) edited by P. Boyle and B. Levin appeared in December 2008.

38. Other books produced by IARC since May 2008 include:

- 1,3-Butadiene, Ethylene Oxide and Vinyl Halides (Vinyl Fluoride, Vinyl Chloride and Vinyl Bromide (IARC Monographs Vol. 97);
- Atlas of Cancer Mortality in the European Union and the European Economic Area, 1993-1997 (IARC Scientific Publications No. 159);

- Methods for Evaluating Tobacco Control Policies (IARC Handbooks of Cancer Prevention Vol. 12);
- IARC Code of Good Scientific Practice (IARC Working Group Series No.4);
- Vitamin D and Cancer (IARC Working Group Series No.5) – available only on the IARC website in pdf form.

### **Voluntary contributions to IARC in 2008/2009 (grants and contracts)**

39. From beginning of April 2008 to end of March 2009, 27 grants or contracts had been signed by IARC amounting to just over US\$ 4 000 000 with a total of 20 international funders that for the sake of clarity, are placed into four major groups: the European Commission (40%), the United States of America (36%), France (18%) and other countries (6%).

40. In the equivalent period the previous year, a total of 38 grants were signed with 16 international funders for a total budget of over US\$ 20 000 000. The difference between the two years reflects a particularly successful year in 2007 with one large project, funded by the Bill and Melinda Gates Foundation. This project entitled "Randomized trial of 2 versus 3 doses of HPV vaccine in India", was reported on at the 50<sup>th</sup> Session of the Governing Council (see document GC/50/4) and has a budget of over US\$ 9 000 000. Without this grant, the 12-month period would have been very close to IARC's average performance (roughly US\$ 11 000 000).

## **Education and Training**

### **Fellowships Programme**

41. The Agency awarded 14 fellowships in 2008 comprising six new post-doctoral awards and five extensions for a second year. In addition two new PhD studentships were awarded and one Expertise Transfer Fellowship. Overall the various awards related to people from Brazil, Bulgaria, People's Republic of China, India, Iran, Jordan, Mongolia, Pakistan, Thailand and USA with the Expertise Transfer Fellowship being for work in India.

### **Courses**

42. The Agency conducted a number of training courses worldwide in line with its mandate for education and training. Examples are highlighted below:

- The 2008 IARC Summer School was held in Lyon (2–27 June 2008). There were 81 participants (62 external; including 41 from low and medium-resource countries) from a total of 42 countries. The main topics covered included: cancer registration, introduction to cancer epidemiology and

methodological issues in the design and analysis of gene and environment studies.

- A course was conducted on cervical cancer screening and treatment in collaboration with WHO and UICC at the Ocean Road Cancer Institute, Dar es Salaam, Tanzania (26–30 January 2009).
- The Agency, jointly with the National Cancer Centre, Republic of Korea and the National Cancer Centre, Japan, organized a Cancer Registration Course (22–26 September 2008) in Seoul, Republic of Korea. There were 29 participants from 12 different countries in the region. A further cancer registration course was held in Bangkok, Thailand (10–13 February 2009).
- A cervical cancer prevention course was organized in Libreville, Gabon in collaboration with WHO-AFRO (20–25 April 2009).

## **Ethics Committees**

43. The IARC Institutional Review Board (IRB) met five times between May 2008 and March 2009 and evaluated 45 projects, of which one was rejected, one was not considered within the remit of the committee and 43 were given either full or conditional clearance.

44. The Ethics Review Committee (ERC) held its 3<sup>rd</sup> annual meeting in Dasman, Kuwait on 15–16 December 2008. The 4<sup>th</sup> joint IRB/ERC meeting was held at IARC on 23–24 June 2008.

45. The ERC was discussed by the Scientific Council at its 45<sup>th</sup> meeting in January 2009 and a proposal for a new structure for ethics review at the Agency is presented by the Director to the Governing Council at the 51<sup>st</sup> Session of the Governing Council (see document GC/51/16).

## **External relations**

### **Meetings**

46. The Agency has hosted a number of international meetings over the period since the last Governing Council session. Notably the Agency jointly organized a highly successful meeting entitled “Integrative Molecular Cancer Epidemiology” (3–5 July 2008) with the European Association of Cancer Research and the American Association of Cancer Research. This conference at the Agency attracted over 150 scientists with many young researchers being present.

47. A joint meeting of the Deutsches Krebsforschungszentrum (DKFZ), Cancéropôle du Grand-Est (CGE) and Cancéropôle Lyon Auvergne Rhône-Alpes (CLARA) on Infections and Cancer was held at the Agency on 23–24 January 2009 representing an area of close collaboration between the Agency, scientists in the Region and in Germany.

48. The first three parts of the Volume 100 meetings of the IARC Monograph series were held, notably: 100A (14–21 October 2008: Pharmaceuticals), 100B (24 February–3 March 2009: Biological agents) and 100C (17–24 March 2009: Metals, particles and fibres).

49. Other meetings of note are listed below:

- EPIC Steering Committee Meetings (19–21 May 2008 and 30 March–1 April 2009);
- Vitamin D and Cancer Working Group (30 May 2008);
- Automated Childhood Cancer Information System (ACCIS) meeting (30 June–1 July 2008);
- IARC Cancer Control Forum (16–18 July 2008);
- Agenda for Research on Chernobyl Health (ARCH – the first meeting of this important Expert Group was held at the Agency (16–17 February 2009);
- 4<sup>th</sup> International meeting on the Mutant p53 held in Akko, Israel (27–29 March 2009);
- ENCR Steering Committee meetings and Joint ENCR/EUROCOURSE meeting (6–8 April 2009).

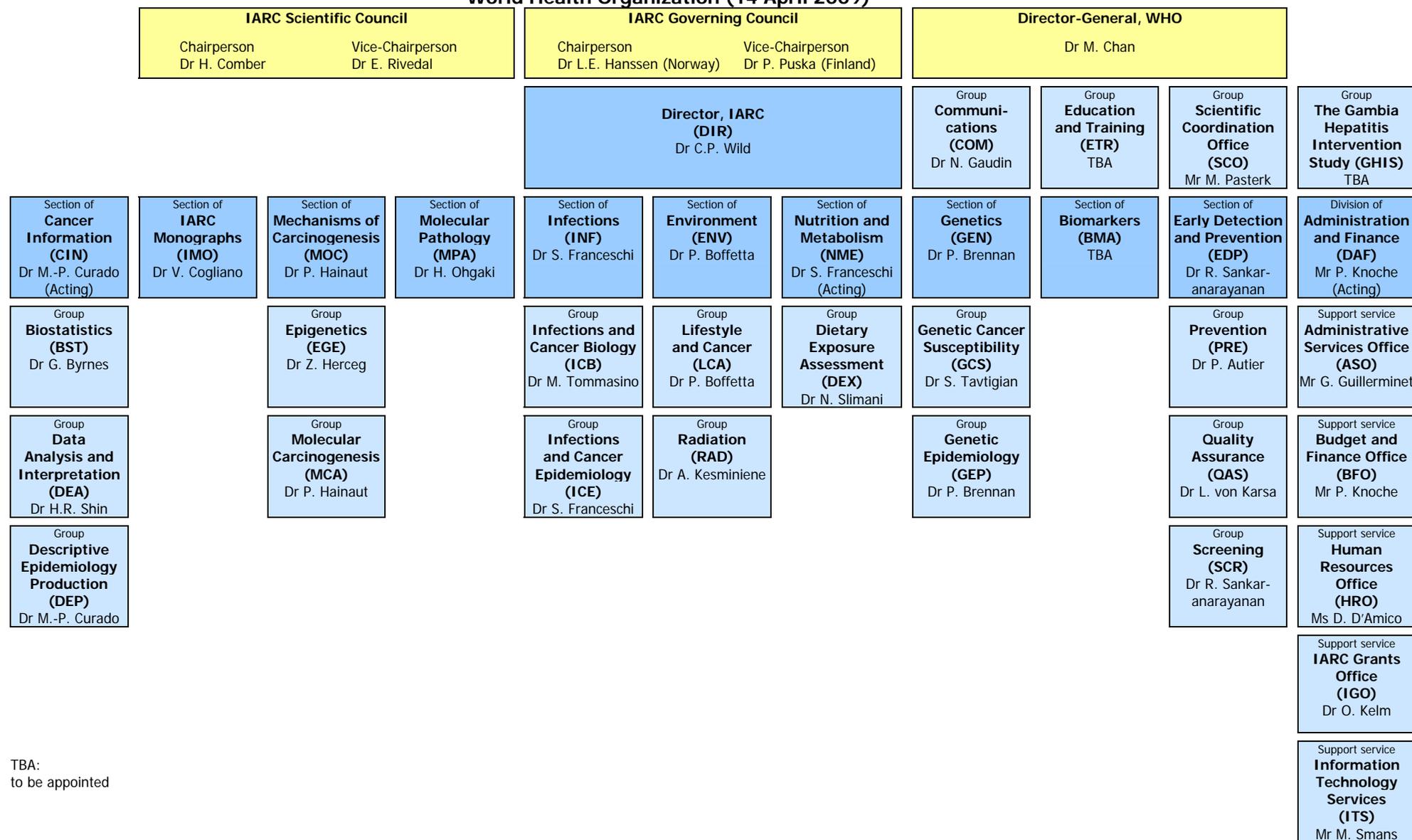
## Collaboration with WHO

50. The Agency continues to have a number of fruitful areas of cooperation with the WHO some of which are summarized below:

- **Research priorities:** The Director was invited to co-author a review with Dr Ala Alwan, Assistant Director-General, NCD, WHO, for publication in the Lancet. This provided an opportunity to explore areas of cooperation between IARC and WHO with respect to the prevention of NCD, including cancer. The IARC Scientific Coordinator (SCO) has been in attendance at the WHO Advisory Committee for Research on Health (ACRH) meetings since 2007 as an observer and representative.
- **Disease burden:** IARC collaborates via the GLOBOCAN project to assist in the WHO estimates of the global burden of disease, injuries and risk factors study; a meeting with WHO was held at the Agency in January 2009 to discuss the best joint approach to these two projects. The Agency also has collaboration with various Regional Offices concerning cancer registration and with WHO HQ on ICD-11 and mortality data.

- **Tobacco:** IARC collaborates with the WHO Tobacco Free Initiative in various collaborative programmes, coordination of international activity and publication of Handbooks on evidence-based assessments of tobacco control to assist in the implementation of the WHO Framework Convention on Tobacco Control and its provisions.
- **Infections:** The Agency is a part of the 'WHO human papillomavirus laboratory network' which aims to harmonize and standardize laboratory testing procedures and create a global HPV laboratory network to monitor the impact of HPV vaccination. IARC also has substantial collaboration with WHO and Regional Offices over the past few years concerning mainly the new human papillomavirus vaccines but also epidemiological studies of cervical cancer and human papillomavirus infection.
- **Radiation:** IARC collaborates with the WHO Radiation and Environmental Health Programme concerning the following projects/initiatives:
  - Global Initiative on Radiation Safety in Health Care Settings;
  - Working Group for Revision of WHO Guidelines for Iodine Thyroid Blocking in a Nuclear or Radiological Emergency;
  - Agenda for Research on Chernobyl Health (ARCH) project: to develop a strategic plan for research on the health consequences of radiation from the Chernobyl accident;
  - INTERSUN project which aims to inform populations and tailor policies on UV protection and sunbed use.
- **WHO "Blue Books":** The Agency has responsibility for production of the *WHO Classification of Tumours* book series (*Blue Books*) and works in close conjunction with WHO Press in this regard.
- **Screening:** The Agency has collaboration with WHO on the development of EU guidelines for cervical cancer screening dealing with HPV vaccination and testing and the updating of WHO guidelines on cervical cancer prevention.

**Annex 1 – Organizational structure of the International Agency for Research on Cancer  
World Health Organization (14 April 2009)**



TBA:  
to be appointed

## Annex 2

### **IARC Senior Leadership Team Terms of Reference**

The IARC Senior Leadership Team (SLT) is the highest level committee of the Agency. The SLT is a consultative body for the Director and is responsible for advising him or her on matters of overall strategy, in particular the scientific direction of the Agency. In statutory terms, the Director has overall management responsibility and thus all recommendations of the SLT are submitted to the Director for decision.

The duties of the Senior Leadership Team are:

- To contribute to the strategic direction of the Agency for presentation by the Director to the Scientific and Governing Councils
- To oversee the progress of the Agency in light of its research strategy, including the development and monitoring of key performance indicators
- To advise on the case for major new strategic initiatives and senior appointments across all Sections and Groups and to help ensure that these support the Agency strategy
- To ensure that the Agency benefits from efficient and effective support services to meet all its needs through its dealings with the IARC Operational Team within the confines of WHO/IARC rules and regulations
- To oversee the development and implementation of occupational health and safety policies
- To consider the Agency committee structures and to help formulate the terms of reference for those committees
- To ensure that Agency staff are aware of and have an opportunity to bring ideas via Section Heads to the Senior Leadership Team
- To contribute to the formulation of the IARC biennial budget
- To assist the Agency in communicating its activities effectively to its various stakeholders
- To make available Minutes of its meetings on the IARC intranet

#### Membership

The Senior Leadership Team's membership will be as follows:

- Director (DIR)
- Director of Administration and Finance (DAF)
- All Heads of Section
- Head of Communications (COM)

The team will meet on a monthly basis. The Team will be chaired by the Director and supported by his/her personal assistant. As SLT members are present to corporately advise on Agency strategy and to review activities, no deputy is required upon absence of an SLT member.

### **IARC Operational Team Terms of reference**

The IARC Operational Team (IOT) will assist the Director of Administration and Finance (DAF) in coordinating the support services of IARC to ensure that the Agency can deliver its scientific strategy within WHO/IARC rules and regulations. To this end, the Operational Team will implement changes discussed by the IARC Senior Leadership Team and decided by the Director.

The functions of the Operational Team are to advise DAF in:

- Human resources management
- Financial monitoring and reporting
- Buildings management, including health and hygiene infrastructure
- Information technology management
- Grants management
- General administration management
- Operational matters which need to be brought to the attention of the IARC Senior Leadership Team as they require a strategic decision
- And to make available Minutes of its meetings on the IARC intranet

### Membership

The IARC Operational Team's membership will be as follows:

- Director of Administration and Finance (DAF)
- Head of Budget and Finance (AFO)
- Head of Human Resources (HRO)
- Head of Information Technology Services (ITS)
- Head of Administrative Services (ASO)
- Head of Grants Office (IGO)
- Head of Communications (COM)
- One Head of Section, rotating on an annual basis

The Team will meet on at least a monthly basis. The Team will be chaired by the Director of Administration and Finance (DAF) and supported by his/her personal assistant.

As IOT members are present to represent their support service, a deputy should be sought where possible in the case of absence of an IOT member.

Annex 3

**IARC Laboratory Working Group  
Terms of Reference**

The Working Group shall comprise the following members:

- Dr M. Tommasino (Chair)
- Dr P. Brennan
- Ms B. Chapot
- Dr P. Hainaut
- Dr Z. Herceg
- Dr V. Krutovskikh
- Dr H. Ohgaki
- Dr S. Rinaldi
- Dr B. Sylla
- Dr S. Tavigian

It is charged with providing advice to the Director on the operation of laboratory-based research at IARC following wide-ranging consultation across the Agency's staff. The Working Group is charged with providing a report to the Director on its conclusions by 30 June 2009.

The specific points to be addressed by the Group are as follows:

- To provide a list of current core items of major laboratory equipment
- To explore how the Agency can best plan for the organization and replacement of its core laboratory equipment
- To identify a prioritized list of new equipment to meet the short- to medium-term needs of the Agency
- To explore the possible restructuring of the ordering and shipment system within the laboratory setting
- To develop a plan for maintenance and service contracts of major items of equipment, including considerations of cost recovery through voluntary contributions
- To advise on the balance between provision of laboratory technical support through core services and support devolved to specific research groups
- To present a plan of an organizational structure which reflects the above considerations