WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

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

Governing Council **GC/51/Min.1**
Fifty-first Session **Original: ENGLISH**

Lyon, 14–15 May 2009
Auditorium **RESTRICTED DISTRIBUTION**

MINUTES OF THE FIRST MEETING

IARC, Lyon

Thursday, 14 May 2009, at 09:10

Chairperson: Professor Lars E. Hanssen (Norway)

Secretary: Dr Christopher P. Wild, Director, IARC

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Professor Lars E. HANSSEN, ***Chairperson***	Norway
Dr Henrietta BLANKSON	
Professor Pekka PUSKA, ***Vice-Chairperson***	Finland
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Ms Simone MESNER	Austria
Dr Hemma BAUER	
Dr Margareta HAELTERMAN	Belgium
Dr Gloria WISEMAN	Canada
Dr Ariff ALLY	
Mrs Christine FITZGERALD	
Professor Herman AUTRUP	Denmark
Mme Pascale FLAMANT	France
Dr Raymond PAMPHILE	
Dr Rosemary ANCELLE-PARK	
Dr Guilherme DE LEMOS	
Dr Irene KEINHORST	Germany
Mr Thomas IFLAND	
Dr R.K. SRIVASTAVA	India
Dr John DEVLIN	Ireland
Dr Stefano FAIS	Italy
Dr Toshiyasu SHIMIZU	Japan
Mr Jeroen HULLEMAN	Netherlands
Mr Duk-Hyoung LEE	Republic of Korea
Mrs Bo-Young YOO	
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Professor Mong-Sei SOHN	
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Dr Fiona ADSHEAD, Director, Chronic Diseases and Health Promotion
Ms Joanne MCKEOUGH, Office of the Legal Counsel
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Professor Jack SIEMIATYCKI, Outgoing Chairperson, Scientific Council

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Dr G. BYRNES	Dr Z. HERCEG	Dr S. TAVTIGIAN
Dr V. COGLIANO	Dr O. KELM	Dr M. TOMMASINO
	Dr A. KESMINIENE	Dr L. VON KARSA

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

The CHAIRPERSON declared open the Fifty-first Session of the Governing Council and welcomed participants.

The SECRETARY likewise welcomed all participants.

2. ELECTION OF VICE-CHAIRPERSON AND RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Professor AUTRUP (Denmark), Professor Puska (Finland) was elected Vice-Chairperson, the proposal being seconded by Mr HULLEMAN (Netherlands).

On the proposal of Dr KEINHORST (Germany), Dr Palmer (United Kingdom of Great Britain and Northern Ireland) was elected Rapporteur, the proposal being seconded by Professor BILLIG (Sweden).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Document GC/51/1 (Prov.))

The agenda was **adopted**.

4. PRESENTATION AND DISCUSSION OF THE INTERIM ANNUAL REPORT 2008: Item 4 of the Agenda (Document GC/51/2)

The SECRETARY said that the Interim Annual Report, which had been prepared by his predecessor, described the impressive body of research which the Agency produced, amounting to around one publication every day in 2008. The report was based on the old cluster structure, which he had since changed, and the information it contained about the ethics review process was also no longer relevant.

Replying to a question from Mrs FITZGERALD (alternate to Dr Wiseman, Canada), he said that two areas had already been identified as possible key performance indicators: quality of publications and success in obtaining competitive funding. However, other important aspects of the Agency's work, such as cancer registration, describing the worldwide cancer burden, the Monograph series and the WHO/IARC Classification of Tumours, were difficult to evaluate in those terms, since they were rarely reported in high-quality journals, for example.

Mr KULIKOWSKI (United States of America) welcomed the new Director's efforts to improve performance management and expressed his support for the Agency's work on the evaluation of tobacco control policies, the *World Cancer Report* and the Monograph series. The availability of a number of Agency publications on its web site was a particularly gratifying development.

Mr PAMPHILE (alternative to Ms Flamant, France) said that the Agency should adopt a proactive policy towards European and international calls for research.

The SECRETARY, replying to a question from Professor AUTRUP (Denmark), said that the current backlog in the publication of IARC Monographs was a major concern. The 100th volume in the Monograph series was a special edition presenting updated evidence about all previously identified Group 1 carcinogens. It had already provided valuable new information, but had also, undeniably, consumed a great many resources. Vol. 100 and all currently pending monographs should be completed by the end of 2010, and no new monographs would be begun until then.

The Agency had made greater efforts to include representatives of industry as observers in the Monograph meetings, but had also tightened up the regulations governing their involvement. He believed that an appropriate balance had been maintained. There had been complaints of undue industry influence on the work of one of the Monograph subgroups: his investigation had failed to uphold those complaints, but constant vigilance was nevertheless required.

Dr COGLIANO (Head, Section of IARC Monographs) said that the participation of industry observers was governed by written guidelines. Observers were not allowed to comment at the evaluation stage. Eighteen observers had been admitted to a recent meeting of Vol. 100 of the Monograph series, but he was confident that the members of the Monograph working group were sufficiently strong-minded to resist any undue influence. The Monograph process was now much more transparent.

Professor PUSKA (Finland), Vice-Chairperson, said that, while interaction with industry was important, commercial interests must not be allowed to influence scientific investigation.

Dr SRIVASTAVA (India) commended the Agency on its excellent publications record. His own country, although large, produced relatively few scientific publications. It was also subject to enormous pressure from commercial interests, and he would welcome any solutions which members could suggest.

The SECRETARY, replying to a point raised by Dr DEVLIN (Ireland), called upon Participating States to tell the Agency how they used its research in their own policy-making and decision-making. That information would be very useful for the preparation of the key performance indicators.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, read out the following draft resolution on the IARC Interim Annual Report 2008 (Resolution GC/51/R1):

The Governing Council,
Having reviewed the IARC Interim Annual Report for 2008 (Document GC/51/2),
1. EXPRESSES its satisfaction with the work accomplished; and
2. COMMENDS the Director and his staff on the Interim Annual Report 2008.

The draft resolution was **adopted**.

5. DIRECTOR'S REPORT: Item 5 of the Agenda (Document GC/51/3)

The SECRETARY said that, for the first time, the Director's report had been submitted to Governing Council members in writing and in advance. In his first 100 days as Director, his initial impressions about the relevance of the Agency's mission and the exceptional dedication of its staff had been confirmed. The Agency's activities were of international importance, particularly for prevention and early detection of cancer in low-resource countries. It also had a major role to play as the coordinator of large, cross-border research initiatives which would achieve the large study sizes required and in times of financial constraint the cooperation the Agency could foster would avoid duplication and waste of resources. However, there was clearly a need for organizational reform.

At the IARC Day celebration the previous day, the IARC medal had been awarded to two distinguished scientists, Professor Harald zur Hausen and Professor Nubia Muñoz, for their identification of human papillomavirus (HPV) as a necessary cause of cervical cancer. Those findings would contribute to strategies to reduce the incidence of cervical cancer worldwide and demonstrated the value of integrating laboratory and population sciences.

Since taking up the post of Director in January 2009, he had restructured the scientific activities of the Agency. The old cluster structure had been replaced by 10 sections with a clear leadership structure and the potential for more interdisciplinary work. The new structure gave a higher profile to some of the most important areas of the Agency's work, including cancer registration and the Monographs series. A new Section of Biomarkers sought to translate laboratory techniques into tools which could be applied

in population studies. Prevention and detection activities had been brought together in a single section. The Cabinet had been replaced by a Senior Leadership Team, to which all staff had access via Section Heads, plus an Operational Team consisting of the Heads of the support services and one Section Head (rotating on an annual basis). A laboratory working group had been appointed to report on the modernization of laboratory equipment and organization of laboratory activities in all Groups.

The Agency now numbered 283 staff, including 62 at professional level with 48 of these being scientific staff. The new Director of Administration and Finance, Dr Hichem Lafif, formerly of the WHO Regional Office for the Eastern Mediterranean, would take up his duties on 22 June 2009. The recruitment of three new heads of section was under way. In the interim, three senior scientists had been recruited as consultants: Dr D.M. Parkin (Cancer Information), Dr J.D. Potter (Nutrition and Metabolism) and Dr A.J. Hall (Gambia Hepatitis Intervention Study). The first Agency Staff Day would take place on 11 June 2009, organized by professional teambuilding experts. It aimed to bring staff from all sections and grades together to increase mutual understanding and reflect on their work.

A number of improvements had been made to the Agency's buildings, including reinforced glass windows and restricted external access to the basement. Videoconferencing facilities had been installed, as well as a new meeting room, named after a former Director, Lorenzo Tomatis, and a staff room.

One of the major highlights of the Agency's work in the past year had been the publication of the results of a cluster-randomized trial of over 131 000 women in Osmanabad, India, which had shown a 48% reduction in advanced cervical cancers and cervical cancer deaths after a single round of testing for human papillomavirus (HPV). It had been a major multicentre trial of the kind only an international body such as the Agency could carry out, and its results had major implications for cervical cancer screening worldwide. The review of Group 1 carcinogens conducted during the preparation of Vol. 100 of the Monographs series had revealed new links between exposure to asbestos and ovarian cancer, and between Epstein-Barr virus and gastric cancer. Research into methodology had identified new tools for use in population-wide studies, such as the isolation and testing of circulating DNA in plasma.

The INTERPHONE study on links between mobile phone use and brain tumours had been completed in 2006, but the data had never been published. However, the Director had made this a priority and the study group had now reached agreement, and the report would soon be submitted for publication.

Agency staff had produced nearly 300 publications in 2008, although that figure included non-peer-reviewed articles, letters to editors, etc. When developing the key performance indicators, he would ensure that only peer-reviewed publications were taken into consideration. The fourth edition of *Haematopoietic and Lymphoid Tissues*, in the WHO Classification of Tumours Series ("Blue Books") had sold over 20 000 copies in

three months. Vol. IX of *Cancer Incidence in Five Continents* had required some editorial corrections and was now scheduled to be published in July 2009.

The Agency had received voluntary contributions (mostly in the form of external grant funding) worth US$ 4 million for the period 2008–2009. The major sources were the European Commission and the United States of America. When developing the key performance indicators, he would distinguish between the value of the contracts signed by the Agency, including participation in large multicentre trials where funding was divided between all centres, and the value of voluntary contributions, which came directly to the Agency. Voluntary contributions had decreased in 2008, although some contracts had merely been delayed and would be signed soon. He did not feel that the Agency's ability to obtain competitive funding was declining generally. Negotiations were currently under way to secure European Union funding for the International Fellowships Programme, to a value of € 0.84 million.

He planned to review the objectives, content, leadership and funding of the education and training programme, which was a core responsibility of the Agency. A number of major scientific meetings had taken place at the Agency during 2008 and early 2009. The Agency had built up an excellent working partnership with WHO headquarters: a joint meeting on the Global Burden of Disease had been held at the Agency in January 2009, and collaboration on tobacco control and the "Blue Books" series continued.

The preparation of the key performance indicators would require a transparent approach, a dialogue with both Agency and external scientists and a sound methodology. He called upon Participating States to tell the Agency how they used the information provided in their own policy-making and decision-making. He proposed to submit the draft key performance indicators to the Scientific Council at its next meeting in January 2010.

Discussions were under way with three potential new Participating States: China, Brazil and Portugal. The financial implications of new admissions would need to be discussed with the Governing Council. It was important to decide whether any restrictions should be placed on the number of new Participating States, whether equitable geographical distribution should be observed and whether any conditions for membership should be imposed. He called upon the Governing Council Subcommittee on the Admission of New Participating States for guidance in those matters.

Replying to questions from Professor AUTRUP (Denmark), he said that the new Section of Biomarkers would develop tools to measure exposure to environmental risk factors, from food or from chemicals in the environment, for example. It was a small section, but it would collaborate closely with other sections which were also working on biomarkers.

Four professional staff and six general service staff had left the Agency since his arrival. Attracting high-calibre staff was certainly a challenge: he intended to pursue recruitment actively by making use of his contacts in the Scientific Council, sending e-mails to professional scientific organizations and placing advertisements in *The Lancet* and leading cancer journals. He also intended to prepare information for potential job candidates, on CD or on the web, which might help to overcome the psychological barriers some of them experienced at the prospect of moving to a new country. He would welcome any further suggestions from the Governing Council.

Dr CHESTNOV (Russian Federation) said that the organizational changes introduced by the Director seemed logical. In general, he welcomed the new priorities, but felt that low-technology screening should not be confined to low- and middle-income countries, since it would also benefit higher-income countries such as his own. He supported the creation of the Laboratory Working Group. He hoped that the Agency's work on radiation and cancer would continue to be accorded priority, since his country had a great deal of data from the Chernobyl nuclear accident to share.

His country was not fully convinced of the value of large-scale cervical cancer screening or the prospects for the HPV vaccine. The proposed collaboration between the Agency and WHO headquarters on the development of European Union guidelines on screening would enable the Russian Federation to contribute to the debate and evaluate the long-term value of those procedures. He welcomed the collaboration between the Agency and WHO headquarters, as evidenced by the presence of Assistant Director-General Ala Alwan at the current meeting, which would enable all Participating States to benefit from WHO's expertise.

The SECRETARY said that, under the new structure, screening and quality assurance activities both in Europe and in other countries such as India were handled by the same Section.

Mrs FITZGERALD (alternate to Dr Wiseman, Canada) welcomed the plans to strengthen the Agency's activities related to nutrition, obesity and physical activity. The key performance indicators should form part of an overall framework which was consistent with the Agency's strategic objectives and mission. They should include the important area of knowledge translation and "enabling" outcomes such as the results of partnerships and collaboration. The terms of reference of the Laboratory Working Group were not entirely consistent with the account just given by the Director. The Working Group's mandate should include the elaboration of criteria to facilitate investment decisions – for instance, which research should be carried out in-house and which externally. She asked for more details about the proposed CHANCES consortium on health and ageing.

The SECRETARY said it was difficult to measure activities such as knowledge transfer and partnerships using a quantitative indicator, but it was important to reflect their scope in some way. The CHANCES study, which was still at a very early stage, included a number of work packages on various chronic disorders, including cancer. Dr Paolo Boffetta, Head of the Section of Environment, was the principal investigator of the study and could provide further information informally.

Professor PUSKA (Finland), Vice-Chairperson, welcomed the Agency's renewed emphasis on nutrition and cancer, cancer registration, the Monographs programme and the IARC Fellowships Programme. It was important for the Agency to maintain its unique role as a scientific research organization which would provide the strong and independent scientific evidence which national governments, WHO and the European Union required for policy-making. It was particularly important to maintain that principle in the area of tobacco control.

The SECRETARY said that the Agency was definitely a research organization with a clear research mandate. However, issues such as the implementation of prevention strategies, referred to in his report (GC/51/3, para. 11), were also a valid area for research. WHO headquarters had asked for information on the best way to implement strategies which had been proved to be effective in principle.

Dr BOFFETTA (Head, Section of Environment) said that the Agency was involved in three areas of tobacco control. The first was original research into both smoked and smokeless tobacco in areas requiring international research collaboration. It also covered substances used in the same way as tobacco, such as the herb khat, frequently smoked in Arab countries. The second area of research was the IARC *Handbooks of Cancer Prevention in Tobacco Control* series, published in collaboration with the WHO Tobacco Free Initiative, which convened international groups of experts to assess the evidence for the effectiveness of tobacco control policies. The third area was the Pricing Policies and Control of Tobacco in Europe (PPACTE) project, which aimed to provide new and independent evidence of the effectiveness of tobacco control activities, with particular reference to taxation policy.

Replying to questions from Dr KEINHORST (Germany), the SECRETARY said that the joint IARC/WHO review in *The Lancet* referred to in paragraph 50 of his report had been a one-off opportunity to describe the place occupied by cancer research in WHO's work on noncommunicable diseases in general, rather than an indication of an ongoing cooperation programme.

The role of biostatistics in the Agency had been under discussion for many years. At present, he was consulting the Agency's own biostatisticians about the relative merits of establishing a separate biostatistics section or deploying biostatisticians in individual research groups, and he would also consult external advisers. As with laboratory capacity, there was the potential to make use of the existing biostatistics capacity of the city of Lyon, as well as in the field of bioinformatics. He hoped to bring his proposals before the Scientific Council at its next meeting in January 2010.

Replying to a question from Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, he said that he did not wish to aim for any particular level of external grant funding, but was willing to seek external grants as long as the conditions attached were consistent with the Agency's own medium-term strategy. Therefore, he was cautious about setting a key performance indicator related to the level of external funding. The Agency was consistently successful in obtaining funding from the United States of America and the European Union, although its funding from the Directorate-General for Health and Consumers (DG SANCO) was now via a direct contract. The Agency tried not to compete directly with national institutions for grant funding: however, there were still many potential sources of funding open to it.

Dr SRIVASTAVA (India) said that his own country had an extensive national cancer registry, a cancer programme worth US$ 500 million focused on prevention and a tobacco control programme. In order to use those resources to the full, he suggested that the Director should consider creating a section or group specifically dedicated to the Asia-Pacific countries, particularly on the areas of cancer information, infections, nutrition and early detection and prevention.

Mr KULIKOWSKI (United States of America) welcomed the Director’s emphasis on integrated, evidence-based research. What were the Director's plans in the short term, for instance over the next year? He asked for a copy of the Director’s presentation to be distributed to members.

The SECRETARY said that one highlight of the next year would certainly be the publication of the INTERPHONE study.

Replying to a question from Dr HAELTERMAN (Belgium), he said that the implementation research on tobacco prevention described by Dr Boffetta would be handled by the Section of Early Detection and Prevention.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, read out the following draft resolution on the Director's report (Resolution GC/51/R2):

The Governing Council,

Having reviewed the Director's Report (Document GC/51/3),

Noting the request made at the 50th Session of the Governing Council that the Director's Report should be made available to members before the session as it was difficult to respond to such a wide-ranging report when it was presented orally,

1. EXPRESSES its satisfaction with the Director's written and oral Report; and

2. REQUESTS that the Director's Report continues to be presented as a Governing Council Document.

The draft resolution was **adopted.**

6. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 6 of the Agenda

Dr ALWAN (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO), speaking on behalf of the WHO Director-General, Dr Margaret Chan, said that a notable feature of the current swine influenza pandemic was the number of people affected who were already suffering from underlying chronic conditions. As the situation evolved, the world might well learn some striking lessons about the need to do more to prevent and treat chronic diseases, including cancer, and to invest more in research.

He welcomed the Director's emphasis on the need to monitor the cancer burden, which could usefully be linked to the WHO global information system. The Agency must establish strategic leadership in cancer registration in order to provide a consistent picture of cancer trends which would enable WHO Member States to plan and monitor their national cancer control programmes.

The Agency's work was particularly valuable for the implementation of Objective 4 (research) of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed by the World Health Assembly in 2008. The Action Plan emphasized the importance of evidence to support noncommunicable disease prevention and control strategies and the urgent need for more work on translational research. A coordinated and prioritized agenda for noncommunicable disease research must be defined through international collaboration and partnerships in cancer research. WHO headquarters, the Agency, international experts and WHO Collaborating Centres were finalizing a draft cancer control research agenda which would summarize research priorities and guide collaboration between basic research and public health policy, as well as addressing the need to expand the current evidence base in order to scale up appropriate health interventions.

He welcomed the high level of coordination which had developed between the Agency and the Noncommunicable Diseases and Mental Health Cluster and Information, Evidence and Research Cluster at WHO headquarters in the short time since the Director's arrival. Joint activities had been initiated to implement Objective 6 of the Action Plan, which aimed to monitor noncommunicable diseases and their determinants and evaluate progress at national, regional and global levels. The first report on the global status of prevention and control of noncommunicable diseases would be submitted to the World Health Assembly in 2010.

Further evidence about nutritional risk factors for cancer was urgently needed if the Global Strategy on Diet, Physical Activity and Health was to be effectively translated into public health practice. For instance, more research was needed into the link between obesity in children and cancer in adulthood. It was also of public health interest to know more about the interaction between genes and environmental risk, including biomarkers for the assessment and definition of genetic and environmental causes of cancer.

He welcomed the Agency's involvement in tobacco control activities in collaboration with the WHO Tobacco Free Initiative, including research into taxation of tobacco products and the activities of the WHO Study Group on Tobacco Product Regulation (TobReg).

There was a clear need for research on the integration of preventive approaches into health systems, particularly in low- and middle-income countries. The Agency's new emphasis on expertise in the social and behavioural sciences was particularly welcome. The Agency had contributed greatly to important new areas of prevention, such as the estimation of human papillomavirus prevalence worldwide for the development and monitoring of large-scale vaccination strategies. Pragmatic, low-technology approaches such as visual inspection with acetic acid (VIA) screening for cervical cancer were also highly beneficial to low- and middle-income countries.

A multidisciplinary approach to cancer control was vital. WHO addressed cancer through the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, assistance to countries in the strengthening of their national cancer control programmes and collaboration with partners such as the International Atomic Energy Agency and the International Union Against Cancer. WHO and the International Atomic Energy Agency worked together to support Member States through country-based projects. That collaboration was due to be strengthened, and the two agencies would bring together their complementary expertise in radiotherapy, cancer registries and national cancer planning. Nongovernmental organizations such as the International Union Against Cancer worked with national nongovernmental organizations and advocated cancer control by means of World Cancer Days and the World Cancer Declaration.

Dr HARFORD (alternate to Mr Kulikowski, United States of America) welcomed the enhanced collaboration between WHO and the Agency, particularly in respect of tobacco control and the global cancer burden. Implementation of cancer control strategies was a valid area for research: for instance, it was important to determine why the survival rate from breast cancer varied between 90% and 40% in different countries.

Dr FAIS (Italy) said that there were relatively few researchers in translational research and it would be necessary to train more. It was important to note that failures in implementation were not always due to a lack of knowledge: for instance, tests existed which would detect breast cancer at an early stage, but their high cost, US$ 2000 per patient, meant that they were not widely used, even in Europe.

Dr CHESTNOV (Russian Federation) said that health professionals working for State-funded health systems, such as his own, were particularly interested in applying the results of basic research in a way which gave value for money. That concept was reflected in the Tallinn Charter: Health Systems for Health and Wealth, adopted in 2008, and the activities to celebrate the 30th anniversary of the Declaration of Alma-Ata. Early detection, prevention and monitoring were all important links in the chain, but it was essential to bridge the gap between that research and its practical application. WHO was not an operational agency, but the work of its country offices reflected the prevailing wisdom at headquarters and could be used to disseminate good practice worldwide.

Dr ALWAN (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO) said that the Governing Council's emphasis on translational research was fully consistent with the Action Plan. WHO hoped to produce specific recommendations on strengthening of national capacity to address noncommunicable diseases by the end of 2009. Those measures would not be implemented by WHO itself, but by other stakeholders, including WHO Collaborating Centres.

7. REPORT OF THE SCIENTIFIC COUNCIL ON ITS FORTY-FIFTH SESSION: Item 7 of the Agenda (Document GC/51/4)

8. DIRECTOR'S RESPONSE TO RECOMMENDATIONS OF THE SCIENTIFIC COUNCIL: Item 8 of the Agenda (Document GC/51/5)

Professor SIEMIATYCKI, Outgoing Chairperson, Scientific Council, noted that the Forty-fifth Session of the Scientific Council in January 2009 had taken place only three weeks after the new Director had taken up his post. The Scientific Council has taken note of a number of reports submitted by the previous Director, but had not asked his successor to respond to its concerns.

In the past, the Scientific Council had reviewed one research cluster per year, in a five-year cycle. It would need to review that practice in the light of the reorganization of the Agency's research activities into 10 sections. The Scientific Council had discussed and endorsed the very positive review of the Molecular Carcinogenesis Cluster, conducted under the previous administration in November 2008.

The Director had said that he wished to submit proposals on a number of areas of the Agency's activities: organizational structure, new priorities, the ethics review process, the Medium-Term Strategy and the Proposed Programme Budget for 2010–2011. Since the Director had had no time to prepare detailed proposals for consideration by the Scientific Council, the latter had agreed that he should submit them directly to the current session of the Governing Council.

The role of the Scientific Council had never been completely clear. In his own opinion, the Council existed to advise the Director and Governing Council on the Agency's performance and its future plans. He hoped that a clearer mechanism could be established by which the talent and competence it embodied could be used as effectively as possible. He called upon the Governing Council to provide ideas about the general structure of the Agency's activities, rather than a "shopping list" of projects or concerns.

Dr COMBER, Incoming Chairperson, Scientific Council, said that the progress made since the Scientific Council meeting in January justified the confidence which the Council had placed in the new Director. The Council had a number of concerns about education and training within the Agency, and hoped that a new strategy would be developed. It was also concerned that the Molecular Carcinogenesis Group might suffer from the creation of a separate Section of Biomarkers.

The SECRETARY said that he greatly valued the contribution of the Scientific Council, which was a vital source of scientific discussion and guidance. He had taken a number of steps in response to the Council's recommendations. Many of the activities formerly covered by the Biostatistics and Epidemiology Cluster had been moved to the new Section of Cancer Information, which was now responsible for the publication *Cancer Incidence in Five Continents*, the Globocan database and the CANREG cancer registration software. The recruitment process for the Head of the new Section was under way. Information Technology Services had been moved to the Division of Administration and Finance. The Radiation Group had been moved to the Section of Environment, and the post of Head of the Group was now financed from the regular budget. The Nutrition and Database Resource team would form part of the new Section of Nutrition and Metabolism, for which a new Head was also being recruited. Other Groups from the former Biostatistics and Epidemiology Cluster had been moved to the

new Section of Early Detection and Prevention. He felt that the new structure was more logical.

Turning to the review of the former Molecular Carcinogenesis Cluster, he hoped that the Section of Biomarkers would create synergies with the work of the new Molecular Carcinogenesis Group, rather than weakening it. The Scientific Council's review had highlighted the importance of the Agency's BioBank, which now numbered 2–3 million samples: the Council had recommended that more staff should be employed in order to relieve senior scientists of the responsibility for day-to-day administration of the BioBank.

The Scientific Council had supported his proposed activities in the field of epigenetics, showing how exposure to nutritional or environmental factors altered the expression of genes and investigating the implications for risk at a population level. He intended to deploy a scientist to investigate the use of biomarkers in epigenetic population studies.

Dr CHESTNOV (Russian Federation) said that, two years before, the Governing Council had agreed that the Scientific Council's procedure for evaluating the activities of the Agency should be defined in greater detail. However, little progress appeared to have been made: the Scientific Council and Governing Council were still asking the Director to develop key performance indicators.

He asked whether the Director was authorized to amend the budget already approved for a certain programme and divert resources to new projects.

Professor SIEMIATYCKI, Outgoing Chairperson, Scientific Council, said that no one wanted the Scientific Council merely to "rubber-stamp" the proposals presented to it. However, it should not interfere with the legitimate functions of the Director or the Governing Council, either. The Scientific Council's role should be explicitly defined by means of an amendment to the Statute or a written understanding between itself and the Director. One problem was that members of the Scientific Council served for only four years, and the Chairperson for two years at the most, which made it difficult to establish a close working relationship with the Director. Nevertheless, the Scientific Council had been impressed by the new Director's openness and willingness to collaborate.

Dr COMBER, Incoming Chairperson, Scientific Council, said that the Scientific Council had no desire to interfere in the scientific agenda of the Agency, but it did wish to be involved at an early stage in strategic decisions with long-term consequences. Its capacity for oversight was limited, since it met only once per year. More regular contact between the Director, the Chairperson of the Scientific Council and the Chairperson of the Governing Council were planned for the future. He also hoped that individual

Scientific Council members would be involved in areas in which they possessed expertise before irreversible and expensive decisions were made. Investment in laboratory facilities was a case in point. Of course, there would be financial implications, but techniques such as videoconferencing might be used to good effect. The report of the Governing Council Subcommittee on the Role and Responsibilities of the Scientific Council (Resolution GC/50/R14, annex) was a legal, formalistic document which provided little scope for a constructive solution. However, the Director seemed very willing to address the Scientific Council's concerns.

The SECRETARY said that, on reading the report of the Governing Council Subcommittee, he had been concerned that it might be interpreted as giving too much influence to the Scientific Council. It was surely more important to establish a close working relationship between the administration and the Scientific Council. The Council might, for instance, be involved in the development of the Medium-Term Strategic Plan, in the activities of working groups studying education and training or laboratory facilities and in more frequent contact with the Director and the Chairperson of the Governing Council.

He greatly valued the experience and advice of the Scientific Council and its evaluation of earlier decisions, but he himself bore the final responsibility for decision-making in his area of competence. For instance, it would be difficult for the Agency to operate if decisions such as the purchase of laboratory equipment required the approval of the Scientific Council. However, it would be entirely appropriate for the Scientific Council to be involved in discussions about possible investments in expensive equipment in a new area of research. The Scientific Council should contribute to the evaluation of new ideas and project areas, and the Director should then be free to manage activities in the chosen areas as he saw fit.

The CHAIRPERSON suggested that the teleconference between the Director and the Chairperson and Vice-Chairperson of the Governing Council already scheduled for 1 July 2009 should be expanded to include the Chairperson and Vice-Chairperson of the Scientific Council.

Dr HARFORD (alternate to Mr Kulikowski, United States of America) agreed that rules for the relationship between the Director and the Scientific Council were not enough: goodwill was required too. He was optimistic that the relationship between the two had improved. He welcomed the Director's response to the review of the former Biostatistics and Epidemiology Cluster and supported the renewed emphasis on cancer registration in low- and middle-income countries in view of the very poor coverage in sub-Saharan Africa, for example. The establishment of a dedicated Section of IARC Monographs was a commendable move because of the importance of the Monographs for national policy-

making. However, he was concerned at the continued distinction between the collection of descriptive epidemiology data and the analysis and interpretation of those data – laboratory scientists, for instance, would not be happy to collect data only to hand them over to another scientist for analysis.

One potential problem with the new organizational structure was that some groups might not be reviewed again for some time. It might, for example, be advisable to review the groups comprising the former Biostatistics and Epidemiology Cluster after two-and-a-half years. In respect of the former Pathogenesis and Prevention Cluster, he suggested that more emphasis should be placed on specific diagnostic tools in low-resource settings and on the evaluation of screening techniques, particularly in countries where no cancer registry existed.

The activities of the new Section of Cancer Information were mainly concerned with cancer incidence. Would it also cover issues such as patterns of care, outcome and survival data and monitoring of risk factors?

He asked how the BioBank data would be used. Would they be available to scientists outside the Agency? A clear governance structure and rules on access would be required, as recently adopted by his own institution, the National Cancer Institute of the United States of America.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, said that the Governing Council relied upon the Scientific Council to give an assessment of the quality of the Agency's work, which members could use to justify their country's membership of the Agency with their own governments. In the past, the Scientific Council's assessments had not gone into sufficient detail about the cluster reviews, for example, and did not indicate the rating they had given each Cluster.

The SECRETARY, replying to the questions put by the member for the United States of America, said that the terms of reference of the Section of Cancer Information would be reviewed when the new Head of the Section had been appointed. The Section already dealt with non-incidence data such as cancer mortality. There were now 10 Sections, replacing the previous five Clusters, and it therefore seemed appropriate to review two Sections at every session of the Scientific Council: he would discuss the issue further with the Council. Data from the BioBank were certainly not restricted to Agency scientists, since they often came from multicentre studies: however, there should be clear rules for governance and access.

Replying to the member for the United Kingdom, he said that the full cluster evaluations were available to Governing Council members, but they were extremely detailed and a summary would be needed as well.

Dr COMBER, Incoming Chairperson, Scientific Council, said that the Scientific Council was faced with considerable time constraints and had to adopt its report before the end of the session. Often, the report did not adequately reflect the high quality of the debate. In future, it would be better to leave drafting the report until after the session.

The Scientific Council recognized the need for creativity and initiative in the management of the scientific programme. It would not seek to usurp the Director's role and would not interfere with the running of the Agency at an operational level.

The meeting rose at 13:05.