International Agency for Research on Cancer

World Health Organization

Governing Council **GC/53/16**
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ACCEPTANCE OF GRANTS AND CONTRACTS

1. Post facto reporting

The Governing Council is invited to note the post facto reporting of grants and contracts accepted by the Director over €100 000 per annum, including sums passed to third parties, as detailed below.

Dietary Exposure Assessment Group (DEX)

1.1 Project title: **EPIC-Soft as reference method in future pan-European monitoring surveys (EMP-PANEU)**

Collecting high quality food consumption data at an individual level with a standardized methodology covering populations from children to the elderly across the European Union (EU) is a high priority task. In this respect the European Food Safety Authority (EFSA) has an important role in promoting and coordinating standardized data collection and uniform risk assessment methodologies as a basis to ensure a safe food supply and healthy diets in Europe. Knowing more about what we eat can provide the basis for long-term health policies to curb escalating hospitalization costs for treating lifestyle diseases including cancer.

The first experience in developing a standardized methodology for collection of individual-level food consumption data across European countries was initiated by the International Agency for Research on Cancer (IARC) through the development and validation of a menu-driven standardized 24-hour dietary recall program (EPIC-Soft®), copyrighted at IARC. EPIC-Soft was initially used as a reference calibration method between the 23 centres in the 10 countries participating in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. In subsequent EU-funded initiatives, including EFCOSUM and EFCOVAL, EPIC-Soft has been evaluated, further developed and extensively tested and validated. The software is already in use for national dietary monitoring in several European countries. Recently, it has been confirmed by the Expert Group on Food Consumption Data (EGFCD) of EFSA that EPIC-Soft would be the best possible solution to collect dietary data in a standardized way within a pan-European dietary survey. The EPIC-Soft methodology includes not only a software, but a comprehensive infrastructure encompassing tools for data handling and management, guidelines, a photo book for portion size estimation and others. The web-based EPIC-Soft Methodological Platform (EMP), currently still under development in the Dietary Exposure Assessment Group (DEX) using mainly

IARC's internal resources, will encompass those tools and procedures and will provide a state-of-the-art method for cross-national standardized food consumption data collection.

The overall goals of the present EMP-PANEU project are: (1) to implement the technical and managerial infrastructure of the EPIC-Soft methodology and (2) to test this methodology in the preparatory and piloting phase of a survey in adolescents, adults and elderly (parallel project funded by EFSA: PILOT-PANEU project). The final overall deliverable is expected to provide an integrated and fully operational solution on how best implementing the EPIC-Soft methodology for the 'EU Menu Survey'. The collection of food consumption data is planned to be carried out as a rolling programme from 2013 to 2017, with a preparatory phase in 2010–2012. The survey should preferably be repeated in each country about every ten years. The added value of this data collection is the use of methodology providing comparable and detailed enough information of individuals, suitable for risk assessment purposes representing all countries and regions in the EU.

Donor:	European Commission – European Food and Safety Agency (EFSA), Parma, Italy
Duration:	24 months
Funds for IARC:	€539 865 (US$ 706 630)
Funds for partners:	-
Total:	€539 865 (US$ 706 630)
Partners:	n/a

Office of the Director (DIR)

1.2 Project title: **A European Platform for Translational Cancer Research (EurocanPlatform)**

Europe has a number of advantages as regards developing translational cancer research, yet there is no clear European strategy to meet the increasing burden posed by cancer. The FP6 Eurocan+Plus project analysed the barriers underlying the increasing fragmentation of cancer research and stressed the need to improve collaboration between basic/preclinical and comprehensive cancer centres (CCCs), institutions in which care and prevention is integrated with research and education. Furthermore, it proposed the creation of a platform of interlinked cancer centres with shared infrastructures and collaborative projects to facilitate rapid advances in knowledge, and their translation into better cancer care. In response to these challenges and in line with the call, EurocanPlatform will work towards the goal of decreasing cancer mortality by dealing with three main areas of strategic research: prevention, early detection and improved treatments. It will build the necessary resources and know-how for the entire research continuum: basic research, early and late translational research, clinical research, epidemiological research, implementation in care and population based outcome research. There will be a strong focus on discovery-driven translational cancer research in five selected tumours: breast, head-neck, lung, malignant melanoma and pancreatic cancer. Joint structures and programmes for early detection will contribute to optimal treatment, and novel prevention research programmes will integrate prevention activities in clinical cancer centres as well as at a population level. Collaborations will also include molecular pathway-driven clinical research supported by joint structures from omics, biobanking and biomarker validation to support clinical trials aimed at enhancing patient benefits by individualized treatments. EurocanPlatform is unique in its nature

and represents a commitment from cancer centres to join forces and resources in order to fight cancer.

Donor:	European Commission, Directorate General for Research (EC DG RTD), Belgium, through Karolinska Institute, Sweden.
Duration:	60 months
Funds for IARC:	€739 100 (US$ 967 408)
Funds for partners:	€11 259 354 (US$ 14 737 374)
Total:	€11 998 454 (US$ 15 704 782)

Partners:

Karolinska Institute, Sweden €1 681 741 (US$ 2 201 232)

Institut Curie, France €541 022 (US$ 708 144)

Danish Cancer Society, Denmark €822 600 (US$ 1 076 701)

Oslo University Hospital Radiumhospitalet, Norway €569 900 (US$ 745 942)

Spanish National Cancer research Centre, Spain €137 700 (US$ 180 236)

Fondazione IRCCS Istituto Nazionale dei Tumori, Italy €560 300 (US$ 733 377)

German Cancer Research Center, Germany €814 600 (US$ 1 066 230)

Institut Gustave Roussy, France €854 200 (US$ 1 118 063)

Oxford Cancer Centre, UK €135 600 (US$ 177 487)

Istituto Europeo di Oncologia, Italy €124 800 (US$ 163 351)

Christie Foundation Trust, UK €189 600 (US$ 248 167)

National Institute of Oncology, Hungary €84 525 (US$ 110 635)

Netherlands Cancer Institute, Netherlands €1 670 000 (US$ 2 185 864)

Erasmus University Medical Centre, Netherlands €349 200 (US$ 457 068)

University of Cambridge, UK €616 700 (US$ 807 199)

Institut Jules Bordet, Belgium €63 600 (US$ 83 246)

European Molecular Biology Laboratory, Germany €964 456 (US$ 1 262 377)

Institute of Cancer Research - Royal Cancer Hospital, UK €225 600 (US$ 295 288)

Leiden University Medical Centre, Netherlands €69 600 (US$ 91 099)

Fundacion Instituto Valenciano de Oncologia, Spain €20 700 (US$ 27 094)

Instituto Tumori Giovanni Paolo II, Italy €56 710 (US$ 74 228)

Vall-Hebron Institute of Oncology, Spain €61 200 (US$ 80 105)

Ecancermedicalscience, Switzerland €297 600 (US$ 389 529)

European CanCer Organisation (ECCO), Belgium €49 800 (US$ 65 183)

Organisation of the European Cancer Institutes Euro, Belgium €142 200 (US$ 186 126)

European Cancer Patient Coalition, Belgium €73 800 (US$ 96 597)

European Organisation for Research and Treatment of Cancer, Belgium €81 600 (US$ 106 806)

Environment and Radiation Section (ENV)

1.3 Project title: **Epidemiological study to quantify risks for paediatric computerized tomography and to optimize doses (EPI – CT)**

Diagnostic radiation represents an indispensable, sometimes life-saving, tool in modern medicine. However, the growing use of computerized tomography (CT) is a topic of concern in radiological protection, especially for children and adolescents. Children are generally more sensitive to the carcinogenic effects of ionizing radiation than adults. In addition, they have a longer life-span to express any effect and, because of their smaller mass, they may receive higher radiation doses from a CT scan than an adult. A large-scale multinational collaborative study will be set up with the objective of providing guidance towards optimization of doses from paediatric CT scans. We have the following specific aims: 1) describe the pattern of use of CT in different countries and over time; 2) derive individual estimates of organ doses; 3) test potential biological markers of CT-irradiation effects; 4) directly evaluate radiation-related risk of childhood leukaemia (and other cancers) following CT; and 5) characterize the quality of CT images in relation to the estimated doses in order to better inform CT imaging practice. Scientists from nine European countries with expertise in epidemiology, clinical practice, radiology, dosimetry, biology and public health will contribute to the project with the objective of providing recommendations for a "harmonized" approach to CT dose optimization for paediatric patients in Europe. Results of this research will serve to increase awareness of the scientific and medical communities about public health aspects related to the use of diagnostic radiation and to provide recommendations on the use of valuable diagnostic tools, while lowering the risk of its potential hazards as much as possible.

Donor:	European Commission – DG Research
Duration:	60 months
Funds for IARC:	€303 945 (US$ 397 834)
Funds for partners:	€2 694 649 (US$ 3 527 027)
Total:	€2 998 594 (US$ 3 924 861)

Partners:

The University Medical Centre of the Johannes Gutenberg University Mainz, Germany €294 800 (US$ 385 864)

Radiation and Nuclear Safety Authority of Finland (STUK), Finland €40 102 (US$ 52 490)

Karolinska Institute, Sweden €290 806 (US$ 380 636)

University of Newcastle upon Tyne, United Kingdom €401 539 (US$ 525 575)

The Centre for Research in Environmental Epidemiology (CREAL), Spain €419 033 (US$ 548 472)

Institut Gustave Roussy INSERM, France €0 (US$ 0)

Danish Cancer Society, Denmark €168 960 (US$ 221 152)

The Netherlands Cancer Institute, The Netherlands €307 588 (US$ 402 602)

The Belgian Nuclear Research Centre (SCK-CEN), Belgium €286 121 (US$ 374 503)

Institute of Radioprotection and Nuclear Safety (IRSN), France €305 062 (US$ 399 296)

Centre for Quality Assurance of Technical Applications in the Health Services (CAATS), France €57 379 (US$ 75 103)

Public Research Centre Henri Tudor, France €68 000 (US$ 89 005)

Norwegian Radiation Protection Authority, Norway €0 (US$ 0)

Cancer Registry of Norway, Norway €0 (US$ 0)

Institut Curie, France €8 220 (US$ 10 759)

University of Ghent, Belgium €27 039 (US$ 35 391)

Federal Office for Radiation Protection, Germany €20 000 (US$ 26 178)

Genetic Epidemiology Group (GEP)

1.4 Project title: **Cancer Genomics of the Kidney (CAGEKID)**

The International Cancer Genome Consortium (ICGC) has the goal of obtaining a comprehensive description of genomic, transcriptomic and epigenomic changes in 50 different tumour types and/or subtypes, with the aim of elucidating the genomic changes present in the many forms of cancers that contribute to the burden of disease throughout the world. We present a proposal for a European contribution to this effort through application of state-of-the-art approaches to the genomics of the most common form of renal cancer: clear cell renal cell carcinoma (ccRCC). RCC is of particular importance within Europe where the highest global incidence rates are observed. Disease incidence has increased over the last two decades, and it is now the 8th most common cancer in the EU. CAGEKID brings clinical and epidemiological resources that are unique worldwide together with the necessary genetics and genomics expertise required for this effort. In the first phase of the study, we will provide a full genomic characterization of 100 matched pairs of DNA extracted from the tumour and constitutional samples. DNA will be completely sequenced, and the data brought together with those from whole genome transcript and methylation analyses. Follow-up studies of potential targets will be made in further samples. The results acquired will be linked to targeted protein analyses. The primary data will be made available to the scientific community, and the programme will contribute to establishing norms for the manipulation and storage of biological samples. CAGEKID will provide the first systematic analysis of this tumour site providing new insights into disease etiology with application for diagnosis and treatment. It addresses a major need to identify new biological markers for RCC, one of very few tumour types for which there are currently no biological markers in routine clinical use. This initiative represents the only renal cancer project within the ICGC.

Donor:	European Commission, Directorate General for Research (EC DG RTD), Belgium, through Fondation Jean Dausset Centre d'Etude du Polymorphisme Humain
Duration:	48 months
Funds for IARC:	€1 126 500 (US$ 1 516 151)
Funds for partners:	€9 373 500 (US$ 12 615 747)
Total:	€10 500 000 (US$ 14 131 898)

Partners:

Fondation Jean Dausset, France €3 035 434 (US$ 4 085 375)

Charles University in Prague, Czech Republic €175 500 (US$ 236 205)

Russian Cancer Society, Russia €530 500 (US$ 713 997)

European Molecular Biology Laboratory, Germany €457 841 (US$ 616 206)

Karolinska Institute, Sweden €553 699 (US$ 745 221)

Centre Bioengineering of the Russian Academy of Sciences, Russia €925 490 (US$ 1 245 612)

University of Leeds, UK €674 362 (US$ 907 620)

KTH Royal Institute of Technology, Sweden €34 244 (US$ 46 089)

Commissariat à l'Energie Atomique, France €1 812 726 (US$ 2 439 739)

Institut National de la Santé et de la Recherche Médicale, France €84 000 (US$ 113 055)

University of Latvia – Institute of Mathematics and Computer Science, Latvia €149 774 (US$ 201 580)

Uppsala University (Uppsala Universitet), Sweden €27 007 (US$ 36 349)

Russian Research Centre Kurchatov Institute, Russia €912 923 (US$ 1 228 699)

1.5 Project title: **Transdisciplinary research in cancer of the lung**

While several genetic loci have been identified by genome-wide scans, we hypothesize that additional loci influencing risk for lung cancer development may be identified by joint analyses in which data from multiple studies are combined. In addition, combining genotypic information across multiple studies will allow data to be stratified according to demographic and clinical parameters, and permit studies to identify gene-gene and gene-environment factors that specifically increase lung cancer risk. Genetic loci that have been identified by these pooled analyses will be subsequently followed-up in world-wide populations to evaluate the extent that the same or other SNPs associate with lung cancer risk. Finally, follow-up studies with additional fine mapping and resequencing of selected populations, together with functional analyses, will help to identify the specific causal factors that influence cancer risk.

Eight parallel genome-wide association (GWA) studies of lung cancer have recently been completed, including studies led by IARC, University of Texas MD Anderson Cancer Center (UT MD Anderson, US), University of Toronto Samuel Lunenfeld Research Institute (SLRI, Canada), HMGU (Germany), deCODE (Iceland), and Institute for Cancer Research (ICR, UK), the National Cancer Institute (NCI, US) and Genetic Epidemiology of Lung Cancer (GELCC, US). Through ongoing activities of the International Lung Cancer Consortium, data harmonization has already been accomplished for most of the epidemiological variables of interest among the participating studies. However, the existing unifying database is limited in its scope and does not integrate with sequencing initiatives such as ICGC (International Cancer Genome consortium) or TCGA (The Cancer Genome Anatomy project) or other major bioinformatic resources.

Donor:	National Institutes of Health / National Cancer Institutes (NIH/NCI), USA through The University of Texas MD Anderson Cancer Center, USA
Duration:	48 months
Funds for IARC:	€688 279 (US$ 936 434)
Funds for partners:	€7 547 424 (US$ 10 268 604)
Total:	€8 235 703 (US$ 11 205 038)

Partners:

University of Texas, MD Anderson, USA €1 919 534 (US$ 2 611 611)

The itemized budgets for the remainder of the partners are not at our disposal.

University of Toronto, SLRI, Canada

Islensk Erfdagreining EHF (deCode), Iceland

Research Centre for Environment and Health, Germany

Institute of Cancer Research, UK

National Cancer Institute, USA

University of Cincinnati, USA

Infections and Cancer Epidemiology Group (ICE)

1.6 Project title: **Study on the role of human papillomavirus (HPV) testing in women with HIV in Africa**

Women living with HIV (WHIV) are at increased risk for HPV infection and HPV related diseases, including the severe cervical intra-epithelial neoplasia grade 2 and 3 (CIN2/3) and invasive cervical cancer (ICC). Although highly active antiretroviral treatment (HAART) has resulted in an impressive improvement in survival of WHIV, it does not seem to significantly reduce CIN2/3 or ICC. Therefore, cervical screening, treatment, and adequate follow-up are a must in this population, although there is still a lot of uncertainty about the appropriate ways to do so. Low cost and easy to implement one visit screen-and-treat algorithms with visual inspection with acetic acid (VIA) and cryotherapy are increasingly promoted in low-resource countries. Furthermore, while HPV testing has been shown to offer improved reproducibility and performance over VIA in primary screening in both high-and low-resource countries, new developments in rapid and cheap HPV tests (e.g. careHPV) offer hope for future screen-and-treat programmes based around HPV testing. However, very little is known to date on the efficacy of different screening techniques, treatment methods, and adequate follow-up of WHIV, and particularly in low-resource settings. The main objective of this study is to assess the use of HPV testing in screening and the follow-up of HIV-positive women who received treatment with Loop Electrosurgical Excision Procedure versus cryotherapy for cervical intra-epithelial lesions grade 2 and 3 (CIN2/3) in Kenya.

Donor:	Fondation de France (FDF), France
Duration:	36 months
Funds for IARC:	€398 800 (US$ 521 990)
Funds for partners:	-
Total:	€398 800 (US$ 521 990)
Partners:	n/a

2. **Prior approval**

The Governing Council is invited to consider, for approval, projects submitted over €500 000 per annum, excluding sums passed to third parties, as detailed below.

For this session of the Governing Council there are no projects to be considered for prior approval.