



## **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.

#### **Office of the Director (DIR)**

##### **1.1 Project title: Alcohol consumption, smoking and the risk of cancer**

Epidemiological evidence suggests a causal link between alcohol consumption and the incidence of cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum, and, in women, breast. For other cancer sites, a causal association is suspected. The International Agency for Research on Cancer (IARC) has recently systematically re-evaluated the association between alcohol and different cancers in the Monograph programme, and classified ethanol in alcoholic beverages as carcinogenic to humans (Group 1).

Smoking is the leading cause of lung cancer death among both men and women in Europe, and approximately 80% of lung cancer deaths among women are due to smoking. Smoking causes many other types of cancer, including the oral cavity, oesophagus, stomach, pancreas, kidney, bladder, and cervix. In addition, people who smoke are up to six times more likely to suffer a heart attack than non-smokers, and the risk increases with the number of cigarettes smoked.

The three main objectives of this study are:

- to evaluate the impact of alcohol consumption and smoking on all cause mortality, total cancer, and specific chronic disease in the EPIC Study;
- to assess alcohol consumption, smoking, biomarkers of vitamin B intake and polymorphisms of the Methylenetetrahydrofolate reductase (MTHFR) in relation to breast cancer risk in the EPIC study;
- to study the interaction between alcohol, tobacco and HPV in head and neck cancers.

Donor:	Ministry of Health, Paris, France
Duration:	24 months
Funds for IARC:	€364 291 (US\$ 513 086)
Funds for partners:	-
Total:	€364 291 (US\$ 513 086)
<b>Partners:</b>	<b>n/a</b>

## Section of Cancer Information (CIN)

### 1.2 Project title: **Collaboration between CDC and IARC for strengthening cancer registration capacity in countries engaged in cervical cancer prevention (GLOCANREG)**

Worldwide, cervical cancer affects half a million women and kills a quarter million women each year. Over 85% of cervical cancer cases and deaths occur in developing countries. Virtually all cases are linked to persistent infection with human papillomavirus (HPV). The disproportionate burden of cervical cancer is highest in countries where effective vaccination, screening, diagnosis, and treatment is limited or absent.

The incidence of cervical cancer and other cancers are captured through cancer registries. There remains a notable lack of high-quality population-based cancer registries (PBCR) in Africa, Asia and Central and South America, where nascent activities in both screening and vaccination are taking place.

Despite the overwhelming need, only small proportions of the populations in these continents are adequately monitored by effective registries. Only about a third of the countries in the three continents have some form of PBCR meeting standards suitable for planning purposes. Overall it is estimated that approximately 1, 4 and 6% respectively of the populations in these three continents are resident within areas covered by PBCR included in the most recent volume of Cancer Incidence in Five Continents, the IARC reference publication on the burden of cancer worldwide.

The International Agency for Research on Cancer (IARC) has proposed setting up centres of excellence ("hubs") for training, technical assistance, and special projects in these three continents to strengthen existing PBCR.

CDC will work with countries it has identified in cervical cancer prevention to help augment its cancer registration capabilities. These will include development of training material and support of key personnel in Thailand, Vietnam, Bhutan, Bolivia, key francophone African countries such as Rwanda, and other countries in the African Region such as Tanzania, Botswana, Kenya to attend regional conference training and technical support during 2011. This will also involve direct technical assistance, including evaluation of cancer data (e.g. Botswana). Travel to these sites in the following year will be coordinated with CDC staff.

Close contact with a number of registries will yield information on the economics of a cancer registry – information which will be of use to CDC economists as they develop a tool to monitor costs related to maintaining a cancer registry.

Within the framework of collaboration between CDC and IARC, deliverables for the above-mentioned activity areas include:

- Collaborative Research Agreement with the GICR pilot hub in India, Tata Memorial Hospital;
- Site visits to establish the first two hubs (Tata Memorial Hospital, Izmir Cancer Registry);
- Training of two hubs principal investigators;
- Advanced training of one Rwandan cancer registry staff;
- Training in CanReg for 15 Sub-Saharan, French-speaking cancer registry professionals;
- Technical support to registries and training of cancer registry staff from the African, Asian and Latin American regions including CDC priority countries Rwanda, Botswana, Kenya, Tanzania, Bhutan, Thailand, Vietnam, Bolivia, Brazil, Colombia, Trinidad and Tobago;
- Cancer Registration Manual;
- Communication and advocacy tools and events in support of cancer registration, including web site, and fundraising material and associated events at the World Cancer Leaders Summit;
- Efficient coordination of activities in support of the development of global cancer registration.

Donor: The Centers for Disease Control and Prevention (CDC), Georgia, USA, subcontract through the World Health Organization (WHO), Geneva, Switzerland

Duration: 12 months

Funds for IARC: €109 950 (US\$ 150 000)

Funds for partners: -

Total: €109 950 (US\$ 150 000)

**Partners: n/a**

## **Infections and Cancer Biology Group (ICB)**

### 1.3 Project title: **Role of human papillomavirus infection and other co-factors in the aetiology of head and neck cancer in Europe and India (HPV AHEAD)**

Human papillomavirus (HPV) is responsible for approximately 25% of head and neck cancer (HNC) worldwide and appears to be associated with a better response to treatment and improved prognosis. Evidence suggests that HPV-induced HNC has steadily increased in the USA and some European countries in the last decades. However, whether this is a worldwide phenomenon and specific risk factors are associated with it remains to be proven. In addition, little is known about the natural history and risk factors of oral HPV infection. HPV-AHEAD network aims to address these and other unanswered questions on HNC aetiology and epidemiology with a focus on the role of HPV. We will assemble and analyse a large collection of plasma/sera and HNC tissues from 42 centres in 16 European countries as well as HNC tissues from seven Indian centres together with epidemiological and clinical data. HPV status in human specimens will be evaluated by different assays in central laboratories. Epidemiological studies will be conducted to establish the overall proportion and type distribution of HPV-positive HNC at different anatomical sites in European and Indian regions as well as the time trend of the proportion of HPV-positive HNC in recent decades. Using the follow-up information on HNC patients, we will further investigate whether HPV positivity confers a better prognosis and survival. In addition, we will search for new surrogate markers for oral HPV infection to facilitate novel screening strategies. Finally, the HPV-AHEAD consortium aims to transfer technology to Indian centres as well as to develop several strategies for the training of European and Indian researchers in infections and cancers. This study will provide important insights for the screening, diagnosis, treatment and prophylaxis of HPV-associated HNC in Europe, India and elsewhere.

Donor: European Commission, Directorate General for Research (EC DG RTD), Belgium

Duration: 48 months

Funds for IARC: €1 217 849 (US\$ 1 770 129)

Funds for partners: €1 782 097 (US\$ 2 590 258)

Total: €2 999 946 (US\$ 4 360 387)

#### **Partners:**

Deutsches Krebsforschungszentrum (DKFZ), Germany €424 272 (US\$ 616 674)

Fundacio Privada Institut d'Investigacio Biomedica de Bellvitge (IDIBELL), Spain €200 958 (US\$ 292 090)

Universiteit Antwerpen (UA), Belgium €200 004 (US\$ 290 704)

Istituto Europeo di Oncologia (IEO), Italy €217 800 (US\$ 316 570)

Aristotelio Panepistimo Thessalonikis (AUT), Greece €149 960 (US\$ 217 965)

Deutsches Institut Für Ernährungsforschung Potsdam Rehbrücke, Germany DIFE €199 285 (US\$ 289 659)

Universitätsklinikum Heidelberg (UKH), Germany €181 800 (US\$ 264 244)

Rajiv Gandhi Centre for Biotechnology (RGCB), India €110 000 (US\$ 159 884)

Roche MTM Laboratories AG (Roche MTM) €98 018 (US\$ 142 468)

## 2. Prior approval

The Governing Council is invited to consider, for approval, projects submitted over €500 000 per annum, excluding sums passed on to collaborating institutions, and projects that require more than €100 000 per annum, excluding the principal investigator's staff costs, from the IARC regular budget, as detailed below.

### Section of Environment and Radiation (ENV)

2.1 Project title: **Scientific and technical support to the European Partnership for Action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening – Revision of the ECAC**

The overall aim of the project is to complete the previously initiated systematic revision of the recommendations in the 3<sup>rd</sup> version of the European Code Against Cancer. The revision will take into account relevant knowledge which has emerged since the last update of the ECAC in 2003. Issues of communication will also be considered in order to promote implementation of the Code through more effective communication.

The revision covers the full scope of the current recommendations and associated scientific base. It also covers other topics that should be included in the revised Code based on recent developments and changes in the burden of disease. The applicability of the previous recommendations will be checked, taking into account the limited number of recommendations permitted by the widely recognized format of the Code, and, if warranted, some previous recommendations will be dropped; some new recommendations may be added.

The results will be used to complete the 4<sup>th</sup> fully revised version of the ECAC that will be translated by the EC and printed in all EU languages.

The project is currently in negotiation. This contract is included because the 60:40 co-financing model of the EU with IARC translates to a contribution of the Agency in excess of €100 000 per annum.

Donor:	European Commission – Directorate General for Health and Consumers (EC DG SANCO), Belgium
Duration:	24 months
Funds for IARC:	€524 451 (US\$ 703 017)
Funds for partners:	-
Total:	€524 451 (US\$ 703 017)
<b>Partners:</b>	<b>n/a</b>

## **Quality Assurance Group (QAS)**

2.2 Project title: **Scientific and technical support to the European Partnership for Action against Cancer and follow-up of the implementation of the Council Recommendation on Cancer Screening**

The overall aim of the project is to provide scientific and technical support to the European Partnership Action Against Cancer in the follow-up of the Council Recommendation on Cancer Screening of 2 December 2003.

A key element in the Council Recommendation is the request that the Member States report to the Commission on the implementation of the Recommendation with a view to contributing to its follow-up at the Community level. In order to make informed decisions about further action the Member States and the EU institutions need to be aware of the evolving impact of the Council Recommendation on Cancer Screening.

Scientific and technical support is essential to objectively assess and accurately interpret the impact of the Recommendation in the Member States. This applies particularly to the specialized multidisciplinary EU Guidelines for quality assurance which are strongly recommended in the EU policy on cancer screening. An assessment of the implementation of the EU Guidelines is thus included in the present proposal for updating the first report on cancer screening in the EU.

The project is currently in negotiation. This contract is included because the 60:40 co-financing model of the EU with IARC translates to a contribution of the Agency in excess of €100 000 per annum.

Donor: European Commission – Directorate General for Health and Consumers (EC DG SANCO), Belgium

Duration: 29 months

Funds for IARC: €775 536 (US\$ 1 039 592)

Funds for partners: -

Total: €775 536 (US\$ 1 039 592)

**Partners: n/a**

## **Infections and Cancer Epidemiology Group (ICE)**

2.3 Project title: **Infections in Cancers among the Immunosuppressed (ICI)**

We propose a large and globally informative assessment of all infections present in cancer. Targeting the study to the immunosuppressed is likely to be particularly informative, as most cancer forms known to be caused by viruses (Kaposi Sarcoma, Hodgkin and Non-Hodgkin lymphoma, and cancers of the liver, cervix, vulva, vagina, penis, anus and oropharynx) are increased among the immunosuppressed. Skin and lip cancers are also greatly increased, as are, more moderately, cancers of the oesophagus, stomach, intestine, larynx, lung, melanoma, kidney, bladder, conjunctiva, multiple myeloma, and leukaemia.

Severe immunosuppression in high-resource countries is mostly in conjunction with organ transplantation, whereas in Africa it is mostly caused by Human Immunodeficiency Virus (HIV). We will update global estimates of cancer risk in the immunosuppressed, including which infections these cancers may contain. By combining excellence in global cancer epidemiology, registry linkages, biobanking, molecular analyses, pathology, bioinformatics and biostatistics, we will perform an unbiased assessment of all infections that may be present in some 6000 cancers identified using: i) linkage of nationwide hospital and cancer registries with the biobanks of the Nordic countries; ii) cohorts of transplant-recipients and HIV-infected individuals in Australia, and iii) a large series of HIV-infected cancer patients in South Africa. The infections will be assessed in tissue specimens using high-throughput sequencing and multiplexed PCR.

The result will be a comprehensive Atlas of all infections that are present in cancers of the immunosuppressed, an unprecedented basis for the study of the role of these infections in cancer.

The application is submitted and undergoing review.

Donor: European Commission, Research Executive Agency (EC REA), Belgium

Duration: 72 months

Funds for IARC: €6 194 990 (US\$ 8 304 276)

Funds for partners: €7 737 488 (US\$ 10 371 968)

Total: €13 932 478 (US\$ 18 676 244)

**Partners:**

Karolinska Institute, Sweden €7 737 488 (US\$ 10 371 968)