

International Agency for Research on Cancer



**World Health
Organization**

**Governing Council
Fifty-fifth Session**

**GC/55/17
12/03/2013**

*Lyon, 16–17 May 2013
Auditorium*

ADMISSION OF A NEW PARTICIPATING STATE

Brazil

1. The Director has the honour to inform the Governing Council that the Government of Brazil has applied to be admitted as a Participating State in the International Agency for Research on Cancer. This application was communicated in a letter to the Director-General of the World Health Organization dated 20 June 2012, a copy of which is appended (Appendix 1). The Director-General transmitted this application to all Participating States by letter dated 2 August 2012 and informed them that it would be considered by the Governing Council in accordance with Rule 50 of the Rules of Procedure of the Governing Council.
2. The Governing Council Subcommittee on the Admission of new Participating States, in accordance with Resolution GC/16/R8, is due to meet on 8 April 2013 by teleconference to consider this matter and to report to the Fifty-fifth Session of the Governing Council.
3. A report of the Brazilian Government on cancer research in Brazil is also appended (Appendix 2).

Appendix 1

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**Permanent Mission of Brazil to the United Nations Office
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Geneva, June 20, 2012

To
Her Excellency
Dr. Margaret Chan
Director-General World Health Organization (WHO)
Avenue Appia 20 – 1211
Geneva - Switzerland

Excellency,

I would like to formally request the admission of Brazil as a Participating State in the International Agency for Research on Cancer (IARC) with immediate effect.

As per articles III and XII of the IARC Statutes, please find enclosed a brief description of the Cancer Research and Cancer Control in Brazil to be forwarded to the Governing Council of IARC. The Government of Brazil undertakes to observe and apply the provisions of the Statutes of the Agency including to assume the financial commitment associated with being a Participating State in IARC, as assessed by the Governing Council.

Brazil looks forward to becoming a Participating State of the IARC as well as effectively contributing to the scientific and technical work of the Agency. On admission, our understanding is that Brazil will have full voting rights as and from the first year of participation.

Sincerely,

MARIA NAZARETH FARANI AZEVÊDO

Ambassador
Permanent Representative

CC: Christopher P. Wild
Director - International Agency for Research on Cancer
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Appendix 2

Cancer research in Brazil

Cancer in Brazil: a growing burden

Over the past decades Cancer has emerged as the second cause of morbidity and mortality in Brazil (Fig. 1)¹, with an estimated 384 340 new cases of cancer (except for non-melanoma skin) for 2012 (Fig. 2)² and 190 000 people dying from their disease³.

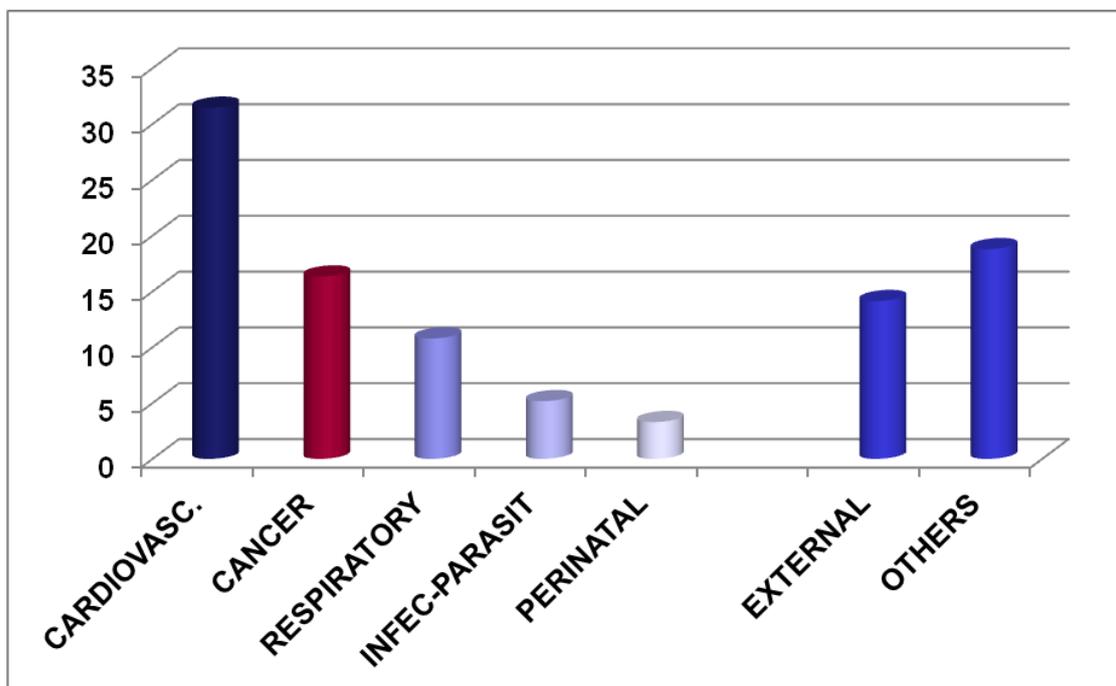


Figure 1 – Causes of mortality in Brazil (Datusus, 2007)

Distribution of the ten most common incident cancers by sex estimated for 2012 (excluding non-melanoma skin cancer)

Localização primária	casos novos	percentual			Localização primária	casos novos	percentual
Próstata	60.180	30,8%	Homens	Mulheres	Mama Feminina	52.680	27,9%
Traqueia, Brônquio e Pulmão	17.210	8,8%			Colo do Útero	17.540	9,3%
Cólon e Reto	14.180	7,3%			Cólon e Reto	15.960	8,4%
Estômago	12.670	6,5%			Glândula Tireoide	10.590	5,6%
Cavidade Oral	9.990	5,1%			Traqueia, Brônquio e Pulmão	10.110	5,3%
Esôfago	7.770	4,0%			Estômago	7.420	3,9%
Bexiga	6.210	3,2%			Ovário	6.190	3,3%
Laringe	6.110	3,1%			Corpo do Útero	4.520	2,4%
Linfoma não Hodgkin	5.190	2,7%			Linfoma não Hodgkin	4.450	2,4%
Sistema Nervoso Central	4.820	2,5%			Sistema Nervoso Central	4.450	2,4%

*Números arredondados para 10 ou múltiplos de 10

Fig.2: Gross rates of primary sites cancer incidence estimated for 2012, in men and woman, Brazil².

¹ Datusus, 2007. www.datusus.gov.br

² Estimativa 2012: incidência de câncer no Brasil. Instituto Nacional de Câncer José Alencar Gomes da Silva - INCA, Rio de Janeiro, 2011. <http://www1.inca.gov.br/estimativa/2012/estimativa20122111.pdf>

³ GLOBOCAN 2008, Cancer Incidence and Mortality Worldwide. International Agency for Research on Cancer – Lyon, France. IARC, 2010. Available from: <http://globocan.iarc.fr>

A recent analysis carried out by the National Cancer Institute of Brazil (Instituto Nacional do Câncer – INCA) based on data from the network of Brazilian cancer registries showed a mixed pattern of cancer incidence with the main cancer sites including those linked primarily to a 'westernized lifestyle' (e.g. breast, prostate, colorectum), those due to infections (e.g. cervix and stomach) and those due to tobacco and alcohol (e.g. lung, oral cavity and oesophagus). The relative prevalence of the different cancer sites varies by geographic region with higher incidence of cancers related to infection in the north of the country (e.g. cervical cancer and stomach cancer), while in the south and southeast there is a higher incidence of 'lifestyle' related cancers such as lung and breast cancer. This will reflect exposure to different risk factors (e.g. diet and tobacco smoking) and some of the social inequalities which affect, for example, access to services such as cervical and breast cancer screening.

The overall situation is set to worsen, with the number of new cases annually predicted to increase by more than 75% in the next 20 years simply because of population growth and ageing, with Brazil having one of the most rapidly ageing populations in the world. Furthermore, superimposed on the population demographics are changes in prevalence of underlying risk factors which have led to substantial increases in cancers of the breast, prostate, colorectum, and lung over the last 20 years. This will substantially increase the future cancer burden in Brazil, in human, social and financial terms.

Recognizing the growing importance of cancer as a public health problem, Brazil has considerably increased its cancer prevention and control programmes in recent years. In order to coordinate these efforts the Ministry of Health of Brazil, and other international organizations, developed a National Cancer Control Plan (NCCP) in 2005 and reinforced in 2011 by the Plan for strategic actions for dealing chronic noncommunicable diseases (PCNCD or DCNT 2011–2022).

This increased commitment for cancer prevention and control has been accompanied by an expansion in cancer research activities.

- **Cancer Registration** – currently only four cancer registries in Brazil were of sufficient quality to be included in the most recent IARC publication of 'Cancer Incidence in Five Continents'. IARC has a priority to strengthen cancer registration globally, including in Latin America where only 4% of the population is covered by high quality registers. The objective is to establish regional "hubs" providing centres of excellence for training in a given region. Building on the experience in Brazil and cooperation with scientists at INCA, IARC plans to make significant investment for training and support of personnel within a number of existing Brazilian registries. The Agency will explore the creation of a regional hub in Brazil to serve the wider Latin American cancer registry community.
- **Cancer Screening** – cervical and breast cancer screening are high priorities in the National Cancer Control Programme of Brazil, coordinated by INCA. The Brazilian Government has invested significantly in cancer health services with R\$ 4.5 billion to support the breast and cervix cancer early detection programmes during 2011–14. However there is still wide disparity in coverage and impact of the programmes between the northern and southern parts of the country with coverage and access limited in north eastern Brazil, particularly in the Amazonas region and among indigenous people. IARC has a major programme in cancer screening addressing the need for accurate, affordable, cost-effective and feasible screening approaches for cervix, breast, colorectal and head and neck cancers in different health care and resource settings globally. It has on-going technical collaboration with colleagues in INCA and in the University of Porto Alegre in Brazil as well as in other countries in Latin America such as Costa Rica, Mexico, Panama, Argentina, Chile, Colombia and Peru. Several new programmes covering both prevention and early detection in these countries are being planned. IARC has already developed a large amount of educational materials to support training and human resource development for screening which are also available in Spanish and Portuguese languages which may be readily adapted or modified by INCA and other interested partners in South and Central America and the Caribbean countries. Brazil, by participating in IARC as a

Participating State, can make a significant contribution to further optimize the existing screening initiatives, introducing new technologies and improving early detection service overall in Brazil and other Latin American countries. This coincides with and complements the impressive investments made by the Brazilian Government in early detection and treatment to control cancer.

- **Cancer Causation**

Lifestyle and environment: IARC has a number of collaborations with Brazilian institutions in large multicentre, international epidemiological studies and focused for example on cancers of the head and neck, cervix, oesophagus and childhood cancers.

Genetics: IARC and INCA scientists are collaborating to develop a large genetic study to understand the aetiology and prognosis of head and neck cancers. It is hoped that an initial pilot study at INCA, will be followed in multiple additional centres including São Paulo, Curitiba, Vitória, Goiânia, Belém and Manaus.

- **Attributable risks**

Evaluation of the relative importance of different causes of cancer in Brazil (including nutritional transition, obesity and physical inactivity, infections, environment and lifestyle) allowing more precise estimates of the impact of different prevention strategies on the cancer burden in Brazil.

- **Training** – There will be opportunities for participation of Brazilian scientists in various ways within IARC's education and training programme, including the IARC Summer School and the IARC Fellowship Programme.

- **Technology transfer** – INCA invested heavily in a genome sequencing infrastructure permitting rapid screening of tumour material for novel genetic mutations, with potential innovative treatment implications. This technology requires extensive bioinformatics support, an area where IARC has recently invested and developed expertise. IARC and INCA will cooperate to ensure that relevant knowledge within IARC is successfully transferred.

The partnership with IARC

Brazil is well placed to contribute to the work of IARC as the specialized cancer agency of WHO. Brazil was one of the original signatories of the WHO constitution in 1946 and has a long commitment to global health. The proposed Brazilian membership of IARC would provide a significant opportunity to strengthen its national cancer prevention and control programmes, as well as the strengthening of cancer research in areas of common interest.

A number of common priority areas have emerged through the ongoing collaborations between Brazilian and IARC scientists. A detailed programme of collaboration would need to be jointly developed, but the following points provide an overview of the collaborations and initiatives that could be strengthened or initiated:

- A long-term strategy for cancer registration in Brazil ensuring quality, durability and geographical coverage. This would provide reliable data to decision-makers in relation to current and future cancer burden.
- A descriptive evaluation of the ongoing cervical and breast cancer screening programmes in Brazil in terms of coverage, quality assurance and outcomes; evaluation of alternative technologies such as HPV testing or visual screening to extend cervical cancer prevention services too hard to reach regions such as the interiors of Amazonas.
- Implementation research to understand the barriers to the success of prevention strategies (e.g. access to cancer screening services) and also to evaluate the impact of those programmes which are implemented (e.g. the effect of fiscal or regulatory actions); evaluation of breast awareness in improving participation rates for mammography screening.
- Joint applications for additional sources of funds on areas of shared priority, e.g. the genetic and infectious causes of cancer in Brazil.
- A long term evaluation of the infrastructure needs of cancer research in Brazil, including the benefits of large population cohorts.
- A programme of education and training in cancer epidemiology.

The strategic international influence of Brazil

On an international level, Brazil is in a unique position to provide strategic leadership in shaping the direction of the work of IARC in low- and medium-income countries (LMICs).

As the only representative among IARC Participating States from South and Central America and with its privileged relations in this region, Brazil would be a focal point for the development and coordination of regional IARC activities promoted in the context of South-South cooperation. Brazil would facilitate IARC regional research activities within the Latin American Network of Cancer Institutes (RINC).

As the first Lusophone country to join IARC, Brazil would play a central role in promoting and driving cooperation with Lusophone countries in Africa (PALOP) and would allow the expansion of the Agency's research activities in the region.

Conclusion

In the coming decades, cancer will be an increasingly important public health problem in Brazil, the Latin American countries more generally and in LMICs across the world. The acceptance of Brazil as a Participating State of IARC would be a highly significant step in support of its demonstrated commitment for cancer prevention and control at the national level and in the region.