

International Agency for Research on Cancer



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DIRECTOR'S REPORT

1. This Director's Report covers the period since the 54th session of the Governing Council, and includes data on the Key Performance Indicators for the calendar year 2012.
2. The purpose of this document is to provide a brief overview of some selected highlights and activities of the Agency over the last year. For a detailed description of the scientific activities and projects of each of the Groups and Sections of IARC please refer to document GC/55/2 – Interim Annual Report 2012.

Introduction

3. The Agency is delighted with the application of Brazil to return as a Participating State of IARC. The commitment shown by the Ministry of Health and the National Cancer Institute ("Instituto Nacional de Câncer" – INCA) reflects the long history of collaboration between IARC and Brazilian scientists.
4. The Agency is continuing efforts to expand the representation of its Participating States in a strategic manner, including a broader geographic representation from regions where the cancer burden is growing most rapidly and commitment to cancer research is expanding. In this respect the Director has established high-level contacts with other potential Participating States, and discussions continue with a number of these.
5. The Agency continues to place strategic importance on working with the World Health Organization (WHO) in the area of Noncommunicable Diseases (NCDs). During 2012 the Agency participated in the development of the Global Monitoring Framework¹ and the Global Action Plan for the Prevention and Control of NCDs². The Director appointed a Special Advisor on NCDs in order to provide leadership and coordination in these areas.

¹ Comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases. WHO, Geneva; 21 November 2012 – http://apps.who.int/gb/NCDs/pdf/A_NCD_2-en.pdf

² Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Revised Draft, 11 February 2013. WHO, Geneva – http://www.who.int/nmh/events/2013/revised_draft_ncd_action_plan.pdf

6. The above opportunities for cooperation were further defined during the visit of Dr Margaret Chan to IARC on the occasion of World Cancer Day (4 February). Dr Chan made an address to IARC staff, followed by a meeting with senior Agency staff to discuss strategic priorities and opportunities for coordination of future activities. These areas were further developed in Geneva on 8 February when a group of senior IARC scientists attended the WHO Assistant Director Generals' Retreat. Mechanisms for improving communication and collaboration across the organizational structure of WHO were established.

7. The Director participated in the first 'International Conference on Healthy Lifestyles and NCDs in the Arab World and the Middle East' in Riyadh, Saudi Arabia (10–12 September 2012). The Agency also established close cooperation with the Regional Director, WHO Eastern Mediterranean Office (EMRO) in the development of plans to combat NCDs.

8. In parallel with these initiatives the Agency continued to develop its network of institutional partnerships. Notably, IARC became an official partner of the International Association of National Public Health Institutes (IANPHI). IARC also cooperated with two of the Working Groups of the Latin-American Network of National Cancer Institutes ("Red de Institutos Nacionales de Cáncer" – RINC) namely in the areas of cancer registration and cervical cancer in Latin America.

Highlight events

9. The Agency was pleased to receive the visit of the President of the Chulabhorn Research Institute (CRI), Professor Dr Her Royal Highness Princess Chulabhorn Mahidol of Thailand, and a Thai delegation on 19 April 2013. The Memorandum of Understanding (MoU) signed between the CRI and IARC highlighted a number of collaborative areas on environment and health. This followed earlier discussions in December 2012 between the Director and Her Royal Highness in Bangkok on the occasion of the 7th Princess Chulabhorn International Science Congress (29 November–3 December 2012, Bangkok, Thailand).

10. The President of the National Cancer Centre of the Republic of Korea, Professor Jin-Soo Lee, visited IARC on 14 January 2013, accompanied by Dr In-Hoo Kim, the representative on the IARC Scientific Council. The Director and Professor Lee signed an MoU between the two organizations and specific collaborative projects were identified for further development.

11. The Director had an opportunity for discussions with the Ministers of Health of Argentina, Chile, Mexico and Saudi Arabia, the Permanent Secretary of Health of Finland, and senior officials in the Ministries of Health, Qatar and the People's Republic of China. These meetings provided the opportunity to highlight the growing burden of cancer, to situate the Agency's research and other activities in that context and to explore cooperation with the countries concerned.

12. The theme of IARC Day 2012 (held on 23 October) was Nutrition and Cancer. The two invited speakers, Dr John D. Potter (20th Roger Sohler Lecture) and Dr Walter C. Willett

(9th Sir Richard Doll Lecture) were awarded the IARC Medal of Honour for their outstanding contribution to advancing the understanding of the relationship between nutrition and cancer.

13. An annual series of Cancer and Society lectures was begun in 2012, designed to highlight to all IARC staff the broader social impact of cancer research globally. The inaugural lecture on 28 June, was presented by Dr David Michaels, Assistant Secretary for Occupational Safety and Health, US Department of Labor and Administrator of the US Occupational Safety and Health Administration (OSHA). Dr Michaels highlighted the critical role of detailed, authoritative and independent research evaluations, such as the IARC Monographs, in the development of policies and regulations to protect workers' safety and the health of the population in general. He also described the ways in which industry interests can lead to tactics to interfere with and delay such evaluations.

14. The Director officially inaugurated the first IARC Regional Hub for Cancer Registration in Mumbai, India at the Tata Memorial Centre on 1 October 2012. This is the first hub of the Global Initiative for Cancer Registry Development in Low- and Middle-Income Countries (GICR), an IARC-led multi-party initiative which aims to develop capacity in low- and middle-income countries (LMICs) to produce reliable, high-quality information on the burden of cancer.

Scientific organization

15. Ms Anouk Berger took up the post of Head of the Education and Training Group (ETR) on 21 May 2012.

16. Dr Dana Loomis was nominated Deputy Head of the Section of IARC Monographs on 1 November 2012, a post that had been left vacant with the retirement of Dr Robert Baan in July.

17. The new Head of the Molecular Mechanisms and Biomarkers Group, Dr Jiri Zavadil, took up his post of the 2 November 2012 within the Section of Mechanisms of Carcinogenesis.

18. To ensure a more coordinated approach to managing IARC's activities on NCD prevention and control, Dr Silvia Franceschi was nominated Special Advisor to the Director on the topic of NCDs on 12 November 2012. Dr Franceschi acts as a focal point, advising and representing the Director to ensure the continued contribution of IARC at the highest levels within WHO and UN inter-organizational and multi-national meetings.

19. As a result of these additional duties in the Director's Office, Dr Franceschi stepped down from her role as Head of the Section of Infections but remains the Head of the Infections and Cancer Epidemiology Group (INF/ICE). Dr Massimo Tommasino, Head of the Infections and Cancer Biology Group (INF/ICB), took over as the new Head of the Section of Infections on 12 November 2012.

International ranking

20. A number of Key Performance Indicators are included in the Director's Report each year with data from the three previous years for comparison. Since the 54th session of the Governing Council, results from an international ranking of research organizations, the SCImago Institutions Rankings (SIR) has also been included. This international ranking has the advantage of providing an impartial assessment, enabling comparison between institutes with the same or similar research profiles.

21. The SIR World Report 2012 (http://www.scimagoir.com/pdf/sir_2012_world_report.pdf) includes 3290 research institutions worldwide, which together produced more than 80% of the scientific output in the period of 2006–2010 indexed in Elsevier's Scopus database.

22. SIR analyses the publications output of scientific institutions to produce rankings based on a number of indicators, the most significant of which are: Normalized Impact (NI), provides a measure of the scientific impact of published work, based on number of citations; Excellence Rate (ER) and High Quality Publications (Q1), both measures of high quality research output; and International Collaboration (IC), of particular relevance to the Agency's role in catalyzing research collaborations. Table 1 provides a summary of IARC's ranking in these selected indicators from the SIR World Report 2012 (for more details see Annex 1 of this Report containing comparative data extracted from the SIR World Report 2012).

Table 1: IARC Ranking in SIR World Report

	NI		ER		Q1		IC	
	Rank global	Rank among cancer instit.	Rank global	Rank among cancer instit.	Rank global	Rank among cancer instit.	Rank global	Rank among cancer instit.
SIR 2012	50	5	34	3	45	7	8	1

NI – Normalized Impact – ratio between the average scientific impact of an institution's publications and the average impact of all publications of the same type and subject (=1)

ER – Excellence Rate – proportion of an institution's publications included into the top 10% of the most cited papers in their respective scientific fields

Q1 – High Quality Publications – proportion of an institution's publications in journals ranked in the top quartile in their categories

IC – International Collaboration – proportion of an institution's publications whose co-author affiliations include addresses in more than one country

23. Whilst recognizing the limitation in such methodologies, the overall values for the indicators and rankings of the Agency, which were similar to 2011, show a remarkable performance in comparison to the world's leading research institutions. The outstanding performance provides further evidence of the impact of the research conducted by IARC.

Publications

24. In 2012, Agency scientists published a total of 326 articles in 130 journals, of which 249 (76%) were peer-reviewed articles, 15 were letters to the editor or comments, 29 were various forms of invited reviews, and 33 were editorials, news and or other contributions. Despite a slight decrease in the total number of articles compared to last year, the number of peer-reviewed articles was the highest in the past three years (see Table 2). As of 13 March 2013, a further 76 articles had been published in 51 journals.

Table 2: Publications – Articles

Year	Peer-reviewed articles	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2009	239 (75%)	18	34	28	319
2010	231 (81%)	6	32	16	285
2011	242 (71%)	18	48	33	341
2012	249 (76%)	15	29	33	326

25. Publications were assessed in relation to the percentage appearing in the top 20% of journals in their subject category, using categories from Thomson Reuters databases: Web of Science and Journal Citation Reports (see table in Annex 2). It should be noted that a given journal can appear in more than one subject category and hence the total number of articles in Annex 2 is higher than 326.

26. Overall, 65% of articles were published in the top 20% of journals in their subject categories. This percentage is notably higher than in previous years (57% in 2011, 53% in 2010 and 49% in 2009) with a consistent, positive trend year-on-year in this index of quality of publication.

27. The six most common subject categories in which IARC scientists publish are, in decreasing order: Oncology; Public, Environmental and Occupational Health; Nutrition and Dietetics; Medicine, General and Internal; Biology; and Gastroenterology and Hepatology. As for the last three years, the first two categories account for a large proportion of the papers published (over 42% of the total).

28. In these two main categories the percentage of papers in the top 20% of journals was 66% for Oncology and 67% for Public, Environmental and Occupational Health. This again represents an increase from the previous year (57% and 59% respectively).

29. These results are an impressive reflection on the quality and impact of research conducted by IARC scientists, particularly the stable trend of increasing publications in the highest impact journals. However, caution against over-interpretation is merited: as pointed out previously, journal rankings can vary considerably year-on-year and it is important for IARC scientists to publish with colleagues from LMICs, even if papers are sometimes submitted to lower impact journals.

30. The total number of IARC books sold in 2012 was 15 077 copies (see Table 3). As in previous years, over 90% of sales were of the "Blue Books", WHO Classification of Tumours Series. Overall these figures are slightly higher than last year but are in line with previous volume of sales (discounting the exceptional sales of the Blue Books volume on "Haematopoietic and Lymphoid Tissues" in 2009).

Table 3: Publications – Volume of sales

Year	Total sales	Sales of 'Blue Books'
2009	30 943	28 869 (93%)
2010	15 544	14 872 (95%)
2011	13 582	12 641 (93%)
2012	15 077	14 048 (93%)

31. Total revenue from the sales of IARC books amounted to just under 750 000 Swiss Francs in 2012 (see Table 4), and notably, due to the renegotiation of the contract with WHO Press, nearly the totality of this figure (98%) was paid to IARC. These figures represent a slight increase on 2011. The Agency published two volumes in the 4th Edition of the WHO Classification of Tumours Series, on the subjects of "Breast" and "Soft Tissue and Bone". Both were highly anticipated and together sold over 11 000 copies (7247 and 4093 copies sold respectively, until the end of March 2013).

Table 4: Publications – Revenue from sales (Swiss Francs)

Year	Revenue from sales of all publications	Revenue and percent from 'Blue Books'	Revenue from sales paid to IARC ^(a)
2009	1 300 050	1 258 925 (97%)	1 030 054
2010	848 448	824 448 (97%)	796 896
2011	710 348	690 416 (97%)	640 938 (90% of figure in col.A)
2012	743 851	711 046 (95%)	732 851 (98% of figure in col.A)

^a After charges were deducted from overall figure

32. The Agency published one volume in the Scientific Publication Series: Improving Public Health through Mycotoxin Control, IARC Scientific Publication, No 158. This volume originated from an IARC Monograph (Volume 82) which evaluated a number of mycotoxins and where it was recognized that a book providing practical guidelines to policymakers and others on mycotoxin control measures in low-income countries would be valuable.

33. The IARC web site was entirely redesigned by the Communications Group's web team in 2012. The new web site, launched in May includes a search facility for IARC Staff Publications, a "Who's Who" section with information about IARC staff, and a Cancer Topic section providing links to research project web sites, online statistics and IARC publications, grouped by major

cancer sites. A list of key IARC publications in electronic format is also available for download on the IARC web site (<http://www.iarc.fr/en/publications/pdfs-online/index.php>).

34. As part of the Agency's communications and web strategy, a mobile-optimized version of the IARC web site is now available, making it accessible to a wider audience. IARC sub-sites will be aligned to also become available on such mobile platforms.

35. Last year for the first time the Director's Report included data on access to the Agency's web sites. Table 5 provides the figures for the total number of visitors to the most popular IARC web sites in 2012: visits to the IARC Home Page were stable with around 850 visitors per day and over 300 000 for the year; there was a decrease in the number of visitors to the Monographs web site, no doubt reflecting the interest in the previous year in the evaluation of radiofrequency electromagnetic fields; a 15% increase in the number of visitors to the Globocan web site was noted, possibly reflecting the introduction of new features (analysis by Human Development Index and by DALYs, as well as addition of cancer prevalence).

Table 5: Visitors to IARC web site (in brackets corresponding figures in 2011)

Web site	Total visitors	Average visitors per day	Total visits	Average visits per day
IARC Home page	311 811	852 (844)	466 454	1274 (1229)
Monographs	148 839	408 (451)	232 264	636 (594)
GLOBOCAN	157 868	431 (374)	288 864	789 (686)

Visitor: A user that visits a given site. The initial session by an individual user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional visitors.

Visit: The number of times a visitor has been to the site (number of individual sessions initiated by all visitors). If a user is inactive on the site for 30 minutes or more, any future activity will be attributed to a new session.

36. The most popular downloads from the Agency's web sites are presented in Table 6. The remarkable interest in the Monograph on radiofrequency electromagnetic fields is still evident in 2012. The near 50% increase in downloads of the Monographs Classification List is notable and the popularity of Blue Books and Monographs is evident.

Table 6: Most popular downloads from IARC web site

Item	Downloads	
	2011	2012
IARC Monographs Classification List	105 799	152 288
Press Release 208: radiofrequency electromagnetic fields (after Volume 102 meeting)	208 751	88 377
"Blue Book" Pathology and Genetics of Tumours of the Digestive System		43 798
Cancer Registration: Principles and Methods		41 228
Monograph: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene, Volume 82: 2002	27 628	37 749
Monograph: Some Aromatic Amines, Organic Dyes, and Related Exposures, Volume 99 (2010)		35 176
"Blue Book" Pathology and Genetics of Tumours of the Breast and Female Genital Organs		23 942
Publication: World Cancer Report 2008	17 753	16 256

Voluntary contributions to IARC (grants and contracts)

37. Voluntary contributions obtained through research grants from national and international funding agencies contribute a substantial proportion of the Agency's overall expenditure and represent added value to the investment made through the regular budget. The success in obtaining peer-reviewed funding is also a good indicator of the overall quality of research at the Agency and the degree of collaboration with other organizations.

38. The number of grant submissions was even higher than previous years, with a total of 126 new grant applications and requests for funding. For comparison, the number of submissions in the previous years was: 110 (2011), 119 (2010) and 96 (2009). Agency scientists continue to make exceptional efforts to provide extra-budgetary funds to fulfill the Medium-Term Strategy.

39. In 2012 the Agency signed extra-budgetary contracts to a total value of €35 485 000 of which €7 939 000 (22%) is destined for the Agency (see Table 7). The total value of signed contracts is lower than in 2011 and 2010, but the proportion assigned to the Agency is higher. The high value of contracts signed reflects the continuing significant participation or leadership of IARC scientists in a number of large international collaborative research projects.

Table 7: Extra-budgetary funding

Year	Total value of signed contracts ^(a)	Value attributed to IARC	Voluntary contribution expenditure
US\$			
2009	9 327 000	4 350 000	11 494 300
2010	71 626 000	13 118 000	8 847 000
€ ^(b)			
(2010)	(53 525 000)	(10 034 000)	(6 130 958)
2011	43 659 499	7 858 454	8 199 585
2012	35 485 000	7 939 000	11 968 340

(a) The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.

(b) For comparison between 2010 and 2011 the 2010 figures have been converted from US\$ to € using an exchange rate of €0.693 to the US\$. The contracts not signed in Euros in subsequent years have been converted to Euros using the exchange rate in use at time of signature of the contract.

40. A notable achievement in 2012 is the fact that the voluntary contribution expenditure at the Agency has continued to rise (Table 7), increasing from 36.2% of research expenditure in 2011 to 45.9% in 2012 (Table 8). Expenditure from these sources lags behind the signed contracts given the latter typically cover three to five years.

41. The achievement in increasing expenditure from voluntary contributions is impressive given the increasing competition during a difficult economic period and the restricted sources of voluntary contributions open to IARC as an international organization.

Table 8: Expenditure against voluntary contributions (VC), regular budget (RB) and percentage comparison

Year	Regular budget (RB)	VC/ RB+VC ^(a)	Regular budget Appropriation Section 2	VC/ RB2+VC
US\$				
2009	23 230 700	33.1%	16 703 300	40.8%
2010	23 690 574	27.2%	17 410 433	33.7%
€^(b)				
2011	19 151 000	30.0%	14 468 100	36.2%
2012	19 516 960	38.0%	14 101 595	45.9%

(a) VC, Voluntary contribution expenditure taken from Table on extra-budgetary funding.

(b) For 2011 onwards the figures will be presented in Euros to reflect the fact that the Agency regular budget is now in that currency.

42. As in previous years the major sources of voluntary contributions to the Agency in 2012 were the European Union, the National Institutes of Health USA, the Bill and Melinda Gates Foundation and a number of sources in France, including the Institut National du Cancer (INCa).

Staff

43. A number of key scientific appointments were made over the last year and are mentioned above under "Scientific Organization".

44. Supporting the Agency's continuing commitment to prevent harassment in the workplace and to deal fairly and promptly with grievances, the WHO Ombudsman, Dr Athenase Hagengimana, visited IARC on 3 September 2012 to give an overview of his office's work and role within WHO, and to meet in private with individual staff members.

45. As of 1 April 2013 there were 308 people working at the Agency, compared to 279 at this time in 2012. One hundred and ninety four are fixed-term staff of which 83 professional staff (42 men; 41 women) and 111 general service staff (25 men; 86 women). Of the 83 professional staff there are 67 in the scientific sections and 16 in the support services. There are 16 temporary/short-term staff working at the Agency.

46. The Agency staff originate from 32 different countries. Of the staff on fixed-term contracts, 91.2% are from Participating States (177 out of 194).

47. There are 32 students at the Agency, 48 post-doctoral scientists (of whom 20 are Fellows supported by IARC awards), 7 visiting scientists and 14 senior visiting scientists (including 3 Senior Visiting Scientist awardees) from a total of 36 different countries. The increase in post-doctoral scientists (48 in 2013 compared to 31 in 2012) is notable.

48. In summary, since May 2012, 16 staff members have arrived at the Agency – 10 new professional staff and 6 general service staff – of which two new P4 staff, Dr Dana Loomis, Deputy Head of the Section of IARC Monographs, and Dr Jiri Zavadil, Head of the Molecular Mechanisms and Biomarkers Group.

49. In the same period, 11 staff members have left the Agency – 4 professional staff members and 7 general service staff. Seven of the 11 departures were due to retirement including 2 senior staff, Dr Robert Baan, Deputy Head of the Section of IARC Monographs, and Dr Bakary Sylla, Scientist with the Infections and Cancer Biology Group.

Education and Training

50. The overall direction of ETR is shaped by the Agency-wide Advisory Committee on Education and Training (ACET) which held two meetings in October 2012 and March 2013, chaired by the new Head of ETR, Ms Anouk Berger.

51. The IARC Education and Training Programme was reviewed during the 49th Session of the Scientific Council in January 2013. A report was prepared presenting key achievements from 2008 to 2012 as well as future directions for the programme. The Scientific Council was satisfied with and supported the overall new direction of the ETR activities and initiatives. This report is available on the IARC Governance web site (http://governance.iarc.fr/SC/SC49/SC49_7.pdf) providing a more detailed description of recent activities and programmes of the ETR Group.

IARC Fellowships Programme

52. ETR applied for a new EC-FP7 Marie Curie Actions-People-COFUND grant, to contribute 40% of the postdoctoral fellowship costs for 2014–2019. The proposal was favorably evaluated and a contract of 1.24 million Euros is under negotiation.

53. The IARC Postdoctoral Fellowship Charter, launched in September 2011 continued to be implemented and has been well received by all the parties. An Association of Early Career Scientists was also launched in 2012 bringing students, Fellows and other postdoctoral scientists together to benefit from training, career development, and social activities and to facilitate regular dialogue between the early career scientists and IARC management.

54. The Agency awarded 19 fellowships in 2012 comprising 12 new post-doctoral awards and 7 extensions for a second year (see Table 9), with a majority of Fellows coming from LMICs. This represented a significant increase on previous years due to the need to re-align the number of fellowships with the commitments made in the current COFUND grant. One Return Grant was awarded to a Fellow from The People's Republic of China.

Table 9: Education and Training – IARC Fellowships

Year	No. of IARC fellowships awarded^(a)	No. of Fellows from low- and middle-income countries^(b)
2009	8 (4 + 4)	8
2010	10 (6 + 4)	6
2011	13 (8 + 5)	5
2012	19 (12 + 7)	11

Post-doctoral fellowships (new + second year renewals), including IARC-Australian Fellows (2011–2012)

55. Most awards were co-funded by the EU Marie Curie Action FP7-PEOPLE-2012-COFUND and the IARC regular budget. Two awards (one new and one extension) were funded by Cancer Council Australia (CCA) within the framework of the IARC-Australia Postdoctoral Fellowship Programme. A bilateral agreement was also concluded with the Irish Cancer Society, and other similar partnerships are currently under discussion with several institutions in Participating States.

56. Return to home country has been a strict requirement of the IARC Fellowship Programme, in keeping with WHO Fellowship rules. IARC wishes to balance the need for international mobility in research and continuing to build capacity in LMICs. Therefore the return home rule will cease to be enforced, but return home will remain an important selection criterion for candidates from LMICs with additional weighting given in the selection process.

57. Thanks to additional funding approved at the last Governing Council meeting, it was possible to award Senior Visiting Scientist Fellowships to three scientists as follows: Dr Isabel Dos Santos Silva, London, UK; Dr Terry Dwyer, Victoria, Australia; and Dr Steven Rappaport, Berkeley, CA, USA. In addition, the Swiss Federal Office of Public Health in Berne has made a much-appreciated contribution to support the Senior Visiting Scientist Award programme that will be used in 2013.

Courses

58. The IARC Summer School on Cancer Epidemiology took place from 18 June to 6 July 2012 comprising two Modules: cancer registration (week one) and cancer epidemiology (weeks two and three). Sixty-four participants attended the course, with approximately 73% from LMICs. Additional financial support for this course was provided by the National Cancer Institute, USA, and the Nordic Cancer Union (NCU).

59. The "UICC-IARC Development Fellowship award in cancer epidemiology" was launched during the Summer School allowing one of the most promising participants to return to IARC for three months. The Fellowship was awarded to Dr Michael Oresto from the Republic of Tanzania to work on a project on oesophageal cancer.

60. In addition to the IARC Summer School, the Courses Programme also provides support to a number of specialized courses organized or co-organized by the scientific Groups of the Agency (see Table 10; a more detailed list of the courses is presented in Annex 3).

Table 10: Education and Training – IARC Courses

Year	No. courses organized	No. different countries	No. courses in LMICs	No. participants
2009	13	13	12	405
2010	8	8	5	402
2011	9	6	4	235
2012	9	4	3	312

61. The Agency is expanding its activities in the area of eLearning. A number of specialized courses have been run completely at distance. Examples include a cycle of online webinars on Canreg5, which were recorded and posted on the GICR web site (<http://gicr.iarc.fr/index.php>), attracting high attendance by participants from all over the world and high numbers of downloads, highlighting the value of this approach; a similar successful experience occurred with a three-day online course on the EPIC-Soft® 24-hour dietary recall software.

Research Support

62. Since the last Governing Council the Section of Support to Research (SSR) made considerable progress in implementing the agreed two year work plan towards streamlining bureaucracy, managing risks and supporting the development of the Agency. With the full complement of senior SSR staff in place by the middle of 2012, the Section is now performing at full capacity according to provided resources, allowing the planned modernization of the Agency's support services to move forward.

63. The SSR leadership meets on a weekly basis, reporting on progress and issues to the monthly Senior Leadership Team (SLT). The minutes of the SLT meetings are available on the IARC intranet to all personnel. The Director makes a monthly 'Director's News' presentation

including management and SSR issues to all staff in the auditorium with the slides posted on the intranet. The Director's Open Door remains a mechanism for staff to raise opportunities directly.

64. In addition to these avenues of communication, SSR held a 'town hall' meeting in September 2012 to present the 2012–2013 work plan. The session was very well attended and will be repeated on a yearly basis to ensure that all colleagues in IARC are kept informed and have an opportunity to provide feedback accordingly.

65. This year SSR launched a services survey for the first time, covering the year 2012. This initiative allowed colleagues to rate the timeliness, accuracy and overall quality of the support services they receive. The survey also gave the opportunity to provide direct feedback in the form of comments which have since been translated into an action plan towards resolution of issues raised. The analysis of the results and the action plan were shared across the whole Agency as a commitment to addressing areas of concern brought forward by colleagues' responses to the survey. The survey will be repeated on a yearly basis.

66. The relationship with the Staff Association Committee (SAC) remains an important avenue for management to receive comments and suggestions from IARC personnel. During 2012 three formal meetings between the Director and the SAC took place, with more regular formal and informal consultations taking place between the SAC, the Director of Administration and Finance (DAF) and the Human Resources Officer (HRO) covering various administrative and organizational matters. As 2012 brought forward a number of issues that created uncertainties for staff, management has highly appreciated the constructive and proactive approach of the SAC.

67. The first external audit of yearly accounts occurred in 2012 following the change to financial regulations put in place via Resolution GC/54/R7. It was also the first audit of IARC's accounts in compliance with the International Public Sector Accounting Standards (IPSAS). The resulting external board of auditors' unqualified certificate of IARC's 2012 accounts is a reflection of the concentrated work that took place throughout the year and recognizes the excellent capacities in place for managing IARC's finances. It is worth noting that these achievements are in the context of an Enterprise Resource Planning system that was found by the external auditors not to be fully adapted to the needs of the Agency.

68. The classification review exercises for Professional and General Service posts were held in 2012, during which twelve of the twenty-three positions reviewed were reclassified upward. Following these, management conducted a thorough review of the existing classification review process, specifically in view of the tight budget prepared for the 2014–2015 biennium. Accordingly, the decision was made to put in place a process that continues to allow changes to the structures within groups, with budgetary controls in place prior to reclassification of posts. The new process will be reviewed in 2015 to ensure that it meets the prerequisites of the Agency while also allowing appropriate career growth opportunities to IARC staff.

69. The IARC Recognition Programme was successfully launched in 2012, with two awards for outstanding contributions to the work of the Agency presented to five colleagues (one individual and one group award). The process was open for all personnel of the Agency to nominate a colleague or team of colleagues they found deserved such recognition through their display of commitment, creativity and initiative in their work during the current year. The awardees

received a certificate and have been given the opportunity to undertake training in a professional area of their interest towards their career progression.

70. All staff were invited to participate in a learning needs survey in 2012. The survey results indicated priorities against which a learning plan for 2013 has been designed and approved by the SLT. During 2013 this learning plan will be implemented, covering the priorities identified and fostering career growth perspectives in future years. The SLT also agreed to implement an IARC Leadership Training programme which would provide customized coaching to colleagues whose duties include management of staff and teams.

71. Investments in the IT infrastructure of the Agency continued during 2012, specifically in accelerating data transfer capacities and modernizing storage capacity of the Agency. These investments will serve as the backbone for the Agency's computing requirements, providing modular state-of-the-art data storage and processing systems upon which projects will be able to add capacity depending on requirements and available resources.

72. SSR is leading efforts towards cost savings across the Agency, including rationalization of expenditures and reductions where possible. As part of these efforts a number of system contracts for services and supplies were established or renegotiated, enabling substantial cost savings and/or service improvements (liquid nitrogen/gas bottle supply – estimated savings of €40 000 to €50 000 per year; security – saving €2000 per year and improved services; cleaning – saving €16 500 per year; integrated print/copy/scanning solution – significantly improved service and estimated savings of 20% to 40%). These and other efforts have contributed to the overall cut of €326 916 in administrative staff and non-staff costs for the 2014–2015 biennium.

Building work and renovation

73. The reporting period witnessed a significant number of infrastructure projects on the IARC premises. These included progress by the City of Lyon on commitments made to address urgent repairs to ensure continued viability of the buildings, as well as several emergency repairs and planned works by the internal team.

74. The first phase of repair works in the City of Lyon programme took place during the summer 2012 and consisted of full replacement of the old ventilation and air-conditioning systems for the laboratories. From 14 July to 15 August 2012, the works on those systems required the closure of the cafeteria, the setting up of new office spaces in meeting rooms and the relocation of all colleagues working from the 3rd to the 11th floors of the Tower. Some of the laboratory activities were transferred temporarily to the Biological Resource Centre and to local scientific partners' premises. All the works and moves were planned in such a way to cause the least possible disruption to research.

75. During that period, the City of Lyon also took the opportunity to remove asbestos from the two old boilers and repaired the main leaks of those pieces of equipment. This allows IARC to carry out a normal maintenance programme on those boilers and reduce the risk of a major heating failure during winter.

76. A separate series of building and renovation works were carried out by the Agency since May 2012 in order to ensure the facilities remain fit for purpose and of an acceptable standard for the on-going activities of staff and visitors. A list of the main pieces of work is given below:

- Partial refitting of offices in the Tower building (floors, wall, ceilings) to improve the working environment;
- Partial refurbishment of laboratories on the 8th and 9th floors of the Tower and in the BRC building to accommodate new equipment;
- Creation of a new tissue culture room on the 8th floor (floors, walls, ceilings, partitions, electricity network, CO₂ circuit, workbenches, ventilation system to pressurize the airlock) to reduce the problems of cell culture contamination due to the outdated condition of this core facility;
- Extension of the Biobank (in process): a new space for seven additional freezers has been set up in the basement of the Tower, close to the main freezers' room;
- Increased monitoring of freezers: a new monitoring system for freezers was installed to permit better temperature control, to prevent major failures and to have a safer environment for all the samples stored at IARC;
- Increased security in Latarjet building roof: new security fences have been installed close to the emergency exits on the roof following a break-in during 2012;
- A new liquid nitrogen tank was installed in July 2012, with double the previous capacity, resulting in substantial savings on liquid nitrogen supply;
- An analysis of requirements for making the BRC and Latarjet buildings autonomous from the Tower in terms of electricity was performed; administrative authorization by the City of Lyon is underway with the work planned for the summer 2013.

77. In parallel to these improvement works, several emergency repairs were performed: a leak in Latarjet heating system; new batteries for the emergency power generator; electric problems in the basement of the Tower due to the ageing ventilation motors; several water leaks in the Tower premises. One leak in particular led to the interruption of the air-conditioning system for basement, ground floor, 1st and 2nd floors, until the City of Lyon carried out repair works. As additional repair works are planned for next autumn, those floors will not have air conditioning during the summer 2013.

IARC Ethics Committee

78. The IARC Ethics Committee (IEC) is composed of the following members:

External members

- Professor Jean-Pierre Boissel (France) (Chair), retired professor of pharmacology
- Dr Béatrice Fervers (France), oncologist
- Dr Marc Guerrier (France), ethicist
- Mr Yazid Ikdoumi (France), lay member
- Dr Groesbeck Parham, oncologist
- Dr Pierre-Jean Souquet (France), surgeon
- Professor Paolo Vineis (UK) (Vice-Chair), epidemiologist

IARC and WHO staff

- Ms Evelyn Bayle (Screening Group, IARC)
- Dr Martyn Plummer (Infections and Cancer Epidemiology Group, IARC)
- Dr Ghislaine Scélo (Genetic Epidemiology Group, IARC)
- Dr Eduardo Seleiro (Office of the Director, IARC)
- Dr Abha Saxena, Geneva (Secretariat of the Ethics Research Review Committee, WHO)

79. Dr Bakary Sylla, former IEC member, retired from the Agency in July 2012 and was replaced by Dr Ghislaine Scélo.

80. The IEC met five times during 2012 (February, April, June, September, November) and evaluated 42 projects:

- 34 projects were cleared after ethical review;
- 1 project was given conditional clearance subject to the receipt of further information
- 7 projects were not cleared and the Principal Investigators were asked to prepare a revision for resubmission.

81. The IARC Ethics Advisory Group (EAV), comprising Professor Sheila McLean, Professor Michael Parker and Dr Rodolfo Saracci, is a small group of international experts which has been constituted to be available to provide guidance on areas where specialist expertise might not be available within the IEC.

External relations

Meetings

82. In line with its mission to promote collaborative research the Agency hosted a number of the major meetings in Lyon. The full list of meetings held at IARC since May 2012 is provided in Annex 4.

Collaboration with the Union for International Cancer Control (UICC)

83. IARC collaborates closely with UICC in a number of specific areas and projects. Notably, the UICC is one of the key partners in the GICR and is leading the fundraising component with a target of 5 million US dollars that will be critical for the success of this initiative. At a strategic level, UICC is a major partner in the area of advocacy for cancer, and both organizations work

jointly to emphasize the need for specific approaches that address the distinctive causes and diversity of cancer in the context of the wider NCD prevention and control initiatives.

84. The Director was invited to speak at the World Cancer Leaders' Summit at the World Cancer Congress in Montreal in August 2012.

85. Another important area of collaboration with UICC is in training and capacity development. As mentioned above, the joint "UICC-IARC Development Fellowship award in cancer epidemiology" was successfully launched this year, and discussions are ongoing for developing other joint projects in this area.

Collaboration with WHO

86. The Agency continues to have a broad-range of collaborative activities with WHO, from cooperation on specific projects to strategic support. The listing of the specific projects with WHO is outside the scope of this report but some of the major developments and areas of cooperation are briefly described below.

87. During the recent high-level meetings in Lyon and Geneva mentioned in the Introduction, the importance of the complementary relationship between IARC and WHO was re-emphasized by both parties as was the importance of the unique role of the Agency in being free to conduct research, sometimes on controversial topics.

88. The Agency's continuing commitment to supporting the work of WHO in the development and implementation of the Global Action Plan for the Prevention and Control of NCDs remains one of its most strategically important tasks. The Agency participated in consultations with Member States in this respect.

89. Specific opportunities for expanding joint activities in a number of priority areas of collaboration are being explored, including cancer registration, cancer screening and early detection, vaccination and nutrition.

90. Finally, the direct discussions in Lyon and Geneva were felt by both parties to be extremely useful, and it was decided to establish an annual high-level WHO-IARC meeting to promote communication and facilitate coordinated strategic planning.

Collaboration with International Atomic Energy Authority (IAEA)

91. Senior Agency scientists play an important role in the conduct of the majority of IAEA – Programme for Action on Cancer Therapy (PACT) missions and in preparation of the subsequent reports. This represents a significant commitment of resources.

92. IARC is working with WHO and IAEA to prepare a tripartite agreement which will serve to better recognize the role of the Agency in PACT's activities and thus permit a better integration of this contribution within the overall strategy of IARC.

Annex 1 – Top 100 research organizations by Normalized Impact

(Source: SIR World Report 2012; <http://www.scimagoir.com>)

Rank NI	Organization	Country	Output	NI	ER(%)	Q1(%)	IC(%)
1	American Cancer Society	USA	628	6.3	32.0	83.8	26.9
2	Broad Institute of MIT and Harvard	USA	1777	5.4	53.0	93.8	50.9
3	Whitehead Institute for Biomedical Research	USA	808	5.2	52.1	95.4	34.5
4	George Institute for International Health	AUS	590	4.6	28.5	79.0	56.3
5	Swiss Institute of Bioinformatics	CHE	529	4.4	39.1	86.0	60.5
6	Wellcome Trust Sanger Institute	GBR	1779	4.2	39.1	90.4	68.2
7	Novartis Pharma SA, East Hanover	USA	1198	3.4	35.4	73.7	53.0
8	World Health Organization Switzerland	CHE	2974	3.2	30.3	74.5	77.7
9	Los Angeles Biomedical Research Institute	USA	1011	3.2	30.4	80.2	20.0
10	Montreal Heart Institute	CAN	743	3.2	28.1	77.8	41.6
11	Howard Hughes Medical Institute	USA	11757	3.1	43.3	94.5	30.3
12	Dana Farber Cancer Institute	USA	6467	3.1	34.5	84.7	30.7
13	Cold Spring Harbor Laboratory	USA	1071	3.1	44.1	92.6	44.0
14	J. Craig Venter Institute	USA	732	3.1	40.9	89.5	49.6
15	Microsoft Research Cambridge	GBR	866	3.0	30.7	34.5	55.1
16	AstraZeneca Pharmaceuticals, LP	USA	702	3.0	30.0	78.4	39.5
17	Centocor, Incorporated	USA	615	3.0	30.7	77.2	37.1
18	Institute for Systems Biology	USA	603	3.0	43.5	87.9	56.1
19	New England Research Institutes	USA	498	3.0	35.3	86.8	26.7
20	Manchester Academic Health Science Centre	GBR	316	3.0	26.5	78.5	44.9
21	F. Hoffmann-La Roche, Ltd.	USA	2971	2.9	33.5	82.4	32.4
22	Harvard-MIT Division of Health Sciences and Technology	USA	1268	2.9	39.5	75.6	31.9
23	Auckland City Hospital	NZL	1127	2.9	20.3	66.2	41.4
24	Group Health Cooperative	USA	990	2.9	32.0	85.6	15.7
25	Institut d'Estudis Espacials de Catalunya	ESP	907	2.9	25.4	63.8	70.2
26	Mitsubishi Electric Research Laboratories	USA	606	2.9	25.7	31.9	42.7
27	Steno Diabetes Center	DNK	553	2.9	26.0	81.6	54.8
28	Centers for Disease Control and Prevention Estados Unidos	USA	13565	2.8	28.1	76.8	25.5
29	Microsoft Corporation	USA	4464	2.8	29.3	36.2	27.8
30	Bristol-Myers Squibb Company	USA	2164	2.8	24.8	77.7	25.3
31	European Molecular Biology Laboratory Heidelberg	DEU	1404	2.8	34.9	92.0	64.7
32	Institut Catala d'Oncologia, Hospitalet de Llobregat	ESP	1023	2.8	30.3	72.4	57.7
33	Purdue University Calumet	USA	706	2.8	30.3	53.0	47.3
34	Joslin Diabetes Center & Joslin Clinic	USA	536	2.8	35.8	83.4	34.9
35	Institute for Clinical Evaluative Sciences	CAN	959	2.7	30.0	77.7	23.7
36	IBM Zurich Research Laboratory	CHE	905	2.7	32.1	48.5	59.2
37	Northshore University HealthSystem	USA	897	2.7	23.2	75.8	20.3
38	Royal Women's Hospital	AUS	592	2.7	27.0	73.8	36.7
39	Partners HealthCare System	USA	40111	2.6	29.9	80.3	28.8
40	Fred Hutchinson Cancer Research Center	USA	4910	2.6	30.7	88.5	28.1
41	National Bureau of Economic Research	USA	1610	2.6	32.4	81.7	23.0
42	California Pacific Medical Center	USA	1041	2.6	25.5	77.0	22.4
43	Novo Nordisk A/S	DNK	1001	2.6	25.3	77.3	62.6
44	F. Hoffmann-La Roche, Ltd.	CHE	960	2.6	28.0	79.2	70.3
45	San Francisco General Hospital Medical Center	USA	942	2.6	26.9	81.4	21.9
46	Institut Universitaire de Cardiologie et de Pneumologie de Quebec	CAN	860	2.6	23.7	71.9	30.0
47	AT&T Labs Research	USA	822	2.6	25.4	38.6	30.1
48	Harvard Pilgrim Health Care	USA	539	2.6	35.2	85.7	14.1
49	Institute for Scientific Interchange Foundation	ITA	440	2.6	29.6	74.1	64.8
50	International Agency for Research on Cancer	FRA	1560	2.5	31.3	84.2	87.2
51	Memorial Sloan-Kettering Cancer Center	USA	8811	2.5	28.1	79.6	24.1
52	London School of Hygiene and Tropical Medicine	GBR	6359	2.5	29.0	82.8	63.8
53	Medical Research Council	GBR	5754	2.5	31.8	88.7	53.1

Rank NI	Organization	Country	Output	NI	ER(%)	Q1(%)	IC(%)
54	Cedars-Sinai Medical Center	USA	3464	2.5	26.7	77.2	26.6
55	GlaxoSmithKline, United States	USA	3019	2.5	25.0	78.5	37.6
56	Eli Lilly and Company	USA	2993	2.5	25.6	76.1	34.4
57	Institute of Cancer Research	GBR	2381	2.5	29.0	83.5	43.9
58	Salk Institute for Biological Studies	USA	1603	2.5	35.5	91.8	42.4
59	Novartis Institutes for Biomedical Research	USA	1348	2.5	35.6	86.4	53.3
60	Pennington Biomedical Research Center	USA	1270	2.5	30.4	80.4	26.8
61	Scripps Health	USA	945	2.5	24.5	70.8	18.6
62	University of Ottawa Heart Institute	CAN	788	2.5	23.5	76.7	32.0
63	FOM Institute for Atomic and Molecular Physics	NLD	784	2.5	34.4	77.8	61.9
64	Singapore Eye Research Institute	SGP	640	2.5	30.3	80.9	69.2
65	Virginia Mason Medical Center	USA	610	2.5	24.4	75.9	12.3
66	Harvard University	USA	74488	2.4	29.2	78.7	34.7
67	Massachusetts Institute of Technology	USA	30281	2.4	29.4	65.0	34.2
68	Lawrence Berkeley National Laboratory	USA	11893	2.4	27.4	72.2	45.5
69	CareGroup Healthcare System	USA	9064	2.4	27.2	80.5	29.2
70	Kaiser Permanente, Oakland	USA	4479	2.4	26.7	74.6	12.8
71	The Rockefeller University	USA	3701	2.4	33.3	88.7	44.5
72	Mount Sinai Hospital Joseph and Wolf Lebovic Health Complex	CAN	3445	2.4	25.6	77.5	43.4
73	St. Michael's Hospital Toronto	CAN	3276	2.4	23.8	73.4	38.3
74	Novartis	CHE	3057	2.4	29.9	79.3	73.8
75	Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital	NLD	2568	2.4	28.0	81.9	40.4
76	British Columbia Cancer Agency	CAN	1793	2.4	27.5	77.9	44.1
77	Peter MacCallum Cancer Centre	AUS	1644	2.4	23.4	73.5	39.2
78	Providence Health Care	CAN	1518	2.4	24.1	69.8	30.8
79	Ohio State University Comprehensive Cancer Center	USA	1492	2.4	27.0	82.0	26.6
80	Institute for Advanced Study	USA	1324	2.4	29.5	61.0	45.7
81	Washington Hospital Center	USA	1274	2.4	21.7	75.7	18.0
82	Baker IDI Heart and Diabetes Institute	AUS	1273	2.4	23.7	81.5	37.9
83	Landspítali National University Hospital	ISL	814	2.4	24.9	67.4	64.3
84	Deutsches Institut für Ernährungsforschung Potsdam-Rehbrücke	DEU	723	2.4	31.1	84.7	60.0
85	Institut Català d'Investigació Química	ESP	634	2.4	34.5	81.2	44.5
86	Palo Alto Research Center	USA	630	2.4	22.8	44.9	21.3
87	University of Alberta Hospital	CAN	557	2.4	18.7	63.2	27.7
88	Stowers Institute for Medical Research	USA	531	2.4	33.1	90.4	30.7
89	Cancer Council Victoria	AUS	496	2.4	31.2	84.9	51.4
90	National Institutes of Health United States	USA	47684	2.3	27.9	84.0	35.2
91	Stanford University	USA	39268	2.3	27.8	70.2	29.2
92	University of California, San Francisco	USA	27072	2.3	28.5	80.5	26.2
93	Princeton University	USA	14956	2.3	27.1	69.3	35.2
94	Children's Hospital Boston	USA	7973	2.3	28.4	80.0	27.2
95	Rice University	USA	7265	2.3	28.3	66.0	30.7
96	Scripps Research Institute	USA	6136	2.3	31.8	90.4	34.4
97	University Hospitals Leuven	BEL	5960	2.3	22.8	65.0	43.1
98	Merck & Co., Inc.	USA	5659	2.3	26.9	78.7	30.6
99	Cancer Research UK	GBR	5211	2.3	30.8	89.0	47.3
100	Intel Corporation	USA	5140	2.3	22.2	39.6	23.1

SCImago disclaimer notice:

"This ranking IS NOT A LEAGUE TABLE. The ranking parameter – the scientific output of institutions – should be understood as a default rank, not our ranking proposal. The only goal of this report is to characterize research outcomes of organizations so as to provide useful scientometric information to institutions, policymakers and research managers so they are able to analyse, evaluate and improve their research results. If someone uses this report to rank institutions or to build a league table with any purpose, he/she will do it under his/her own responsibility."

SCImago Indicators

Selected indicators seek to reveal main aspects of research size, performance, impact and internationalization at Worldwide Research Institutions.

O: Output

Total number of documents published in scholarly journals indexed in Scopus. An institution's publication output reveals its scientific outcomes in terms of published documents in scholarly journals.

NI: Normalized Impact

The NI values, expressed in percentages, show the relationship between an institution's average scientific impact and the world average, which is set as 1, – i.e. a NI score of 0.8 means the institution is cited 20% below world average and 1.3 means the institution is cited 30% above average.

ER: Excellence Rate

The ER values indicate the proportion (in %) of an institution's scientific output that is included into the set of the 10% of the most cited papers in their respective scientific fields; it is a measure of high quality output of research institutions.

Q1: High Quality Publications

Q1 is the ratio of publications that an institution publishes in the most influential scholarly journals of the world; those ranked in the first quartile (25%) in their categories as ordered by SCImago Journal Rank indicator.

IC: International Collaboration

IC shows an institution's output ratio that has been produced in collaboration with foreign institutions. The values are computed by analysing the institution's output whose affiliation includes more than one country address.

SPEC: Specialization Index

SPEC indicates the extent of thematic concentration / dispersion of an institution's scientific output. Values range between 0 to 1, indicating generalistic vs specialized institutions respectively. This indicator is computed according to the Gini Index used in Economy.

Annex 2: Publications within top 20% of journals in their subject category in 2012^a

JOURNAL SUBJECT CATEGORY	No. Journals in SC	Highest IF in SC	20% IF of SC^b	No. publ. in SC	No. publ. in top 20%	% in top 20%
ALLERGY	24	11.003	3.677	1	1	100
BIOCHEMISTRY & MOLEC. BIOLOGY	290	34.317	4.933	12	8	67
BIOLOGY	85	11.452	2.996	19	15	79
BIOPHYSICS	74	13.574	4.343	4	0	0
BIOTECH. & APPLIED MICROBIOLOGY	158	29.008	3.646	1	0	0
CELL BIOLOGY	181	39.123	6.265	6	3	50
CHEMISTRY, ANALYTICAL	73	9.048	3.268	1	1	100
CHEMISTRY, APPLIED	71	7.294	2.615	2	0	0
CLINICAL NEUROLOGY	192	23.462	3.654	3	3	100
COMPUTER SCIENCE, INF. SYSTEMS	135	6.311	1.676	1	0	0
CRITICAL CARE MEDICINE	26	11.080	4.607	1	1	100
DENTIST., ORAL SURGERY & MEDICINE	81	3.961	2.328	1	1	100
ENDOCRINOLOGY & METABOLISM	122	19.929	4.691	4	3	75
ENVIRONMENTAL SCIENCES	205	9.610	2.957	4	2	50
FOOD SCIENCE & TECHNOLOGY	128	4.789	2.275	2	0	0
GASTROENTEROLOGY & HEPATOLOGY	74	11.675	4.088	13	10	77
GENETICS & HEREDITY	158	38.075	4.135	10	8	80
HEALTH CARE SCIENCES & SERVICES	76	5.620	2.503	2	1	50
HEMATOLOGY	68	14.739	4.671	6	6	100
IMMUNOLOGY	139	52.761	4.747	4	2	50
INFECTIOUS DISEASES	70	17.391	4.128	1	1	100
MATHEMATICAL & COMPUT. BIOLOGY	47	5.468	2.443	1	1	100
MEDICAL INFORMATICS	23	4.409	2.329	1	0	0
MEDICINE, GENERAL & INTERNAL	155	53.298	2.383	21	16	76
MEDICINE, RESEARCH & EXP.	112	22.462	4.125	4	1	25
MICROBIOLOGY	114	21.182	4.173	3	1	33
MYCOLOGY	24	10.625	2.809	1	1	100
NEUROSCIENCES	244	30.445	4.699	3	0	0
NUTRITION & DIETETICS	74	10.667	3.655	26	15	58
OBSTETRICS & GYNECOLOGY	79	9.234	2.491	6	2	33
ONCOLOGY	196	101.780	4.409	139	92	66
OTORHINOLARYNGOLOGY	41	2.837	2.018	1	1	100
PATHOLOGY	79	20.000	3.333	5	4	80
PEDIATRICS	115	6.444	2.459	2	0	0
PUBLIC, ENVIRON. & OCCUP. HEALTH	158	7.583	2.795	67	45	67

JOURNAL SUBJECT CATEGORY	No. Journals in SC	Highest IF in SC	20% IF of SC^b	No. publ. in SC	No. publ. in top 20%	% in top 20%
RADIOL., NUCL. MED. & MED. IMAGING	116	6.381	3.157	3	0	0
RESPIRATORY SYSTEM	48	11.080	3.474	7	7	100
SURGERY	199	7.492	2.541	9	8	89
TOXICOLOGY	83	21.639	3.634	6	1	17
UROLOGY & NEPHROLOGY	73	9.663	3.396	1	1	100
VIROLOGY	32	13.500	5.402	4	2	50

Legend: IF = Impact Factor; SC = Subject Category

^a *A given journal can appear in more than one subject category and hence the total in Table 2 is higher than 326 articles.*

^b *This figure represents the impact factor of the journal at the limit of the 20% top journals.*

Annex 3: Specialized courses organized or co-organized by the IARC scientific groups in 2012

Course Title	Location	Number of participants	External collaborations
Course on Cancer Registration and Survival: Principles and Methods	Mumbai, India	28	Tata memorial Centre, UICC
PROLIFICA Virology Training workshop	Lyon, France	5	PROLIFICA, INSERM
Quality improvement and basic analysis of information in population-based cancer registries in Latin America	Cali, Colombia	36	Instituto Nacional de Cancerologia Colombia Registro poblacional de cancer de Cali, Colombia Universidad del Valle UICC PAHO RINC
Role of Infections in Human Cancers	Trivandrum, India	30	HPV-HEAD consortium
Training Course on Principles, Organization, Evaluation, Planning and Management of Cancer Screening Programmes (Module 1)	Lyon, France	25	FCS, EPAAC
EPIC-Soft® 24-HDR	Online course	13	PILOT-PANEU consortium EFSA project
Canreg5	Webinars cycle	91	GIRC IACR
Cervical and breast cancer prevention training	Jaffna, Sri Lanka	20	Regional Cancer Treatment Center, Jaffna WHO SRL

Annex 4: Meetings held at IARC since last Governing Council (2012–2013)

Meeting Title	Date
Cosmos.0 meeting	29 May 2012
Projet ANRS – HPV et lésions anales chez les patients homosexuels masculins infectés par le VIH	5 June 2012
Monographs Vol. 105: Diesel and gasoline exhausts and some nitroarenes	5-12 June 2012
International Incidence of Childhood Cancer, Vol. 3 – Editorial meeting	3-5 July 2012
Projet NeuriBrui – Bruit intense et risque de neurinome du nerf acoustique	4 July 2012
Childhood Leukaemia Meeting	9-10 July 2012
EPIC Nutritional Working Group meeting 'Meal pattern analyses and other specific nutritional characteristics in EPIC'	28 August 2012
Fifth Inter-Cancéropôles Bioinformatics Workshop	25 September 2012
European Code Against Cancer	27 September 2012
Monographs Vol. 106: Trichloroethylene and some chlorinated agents	2-9 October 2012
Two-way translational cancer research: an opportunity for cancer control	16-17 October 2012
Réunion du groupe de travail radiofréquence de l'ANSES	17 October 2012
Fifth International Childhood Cancer Cohort Consortium (14C) Workshop	12-13 November 2012
Statistical Methods in Nutritional Epidemiology, with applications to the EPIC study	14-15 November 2012
Cancer Incidence in Five Continents, Vol. X – 3 rd Editorial Board meeting	14-16 November 2012
EUROMED meeting	20 November 2012
IARC Research Priorities Forum (RPF) on Head and Neck Cancers	23 November 2012
Exposomics kick-off meeting	25-27 November 2012
Tumour Concordance and Mechanisms of Carcinogenesis	28-30 November 2012
AGRICOH Working Group	3 December 2012
European Code Against Cancer (ECAC) Working Group Meeting on Tobacco	18 December 2012
EuroDISH technical and planning workshop on the 'PAN-EU interface of food and nutrient intake platforms': WPS 3 and 7	20-21 December 2012
Meeting on future strategic directions for the WHO Classification of Tumours series	11 January 2013
Meeting with representative of the World Hepatitis Alliance and patients' organizations	14 January 2013
European Code Against Cancer (ECAC) Literature Working Group Meeting	15 January 2013
European Code Against Cancer (ECAC) Chemicals and Environment Working Group Meeting	22 January 2013
European Code Against Cancer (ECAC) UV and Radiation Working Group Meeting	6-7 February 2013
Projet NeuriBrui – Bruit intense et risque de neurinome du nerf acoustique	6 February 2013
European Code Against Cancer (ECAC) Screening Working Group Meeting	11-12 February 2013
Monographs Vol. 7: Polychlorinated biphenyls and polybrominated biphenyls	12-19 February 2013
European Code Against Cancer (ECAC) Physical Activity, Obesity, Nutrition and Alcohol Working Group Meeting	12-13 February 2013
Neutron Dosimetry Meeting - Nuclear Workers	14-15 February 2013

Meeting Title	Date
European Code Against Cancer (ECAC) Infections and Vaccination Working Group Meeting	14 February 2013
Childhood Leukaemia Meeting	20-22 February 2013
Pre-course Meeting ESSM Group Work	9-10 March 2013
International Incidence of Childhood Cancer, Vol. 3 – Editorial meeting	12-15 March 2013
Epidemiology Working Group meeting on RF fields of ANSES	15 March 2013
European Code Against Cancer (ECAC) 2 nd Screening Working Group Meeting	18 March 2013
Interphone: Medical history and the risk of brain tumours	22 March 2013
European Code Against Cancer (ECAC) Communication Working Group Meeting	28 March 2013