

# International Agency for Research on Cancer

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**Governing Council  
Fifty-seventh Session**

**GC/57/3  
30/03/2015**

*Lyon, 13–14 May 2015  
Auditorium*

## **DIRECTOR'S REPORT**

1. The Director's Report covers the period since the 56<sup>th</sup> session of the Governing Council, with data on Key Performance Indicators for the calendar year 2014. A detailed description of the research activities and achievements of the IARC Groups and Sections over the past year is provided in the IARC Interim Annual Report (see document GC/57/2).

### **Introduction**

2. The last year has seen major foundations laid for the future of the Agency as it celebrates its first 50 years. These relate to scientific strategy, infrastructure, administration, and communication.

3. The IARC Medium-Term Strategy (MTS) for 2016–2020 has been prepared for consideration by the Governing Council, following wide consultation and considerable reflection and debate. The MTS provides a clear description of the future role IARC will play in providing the evidence-base for cancer prevention worldwide, through its activities in describing cancer occurrence; identifying the causes; and evaluating preventive interventions and their implementation. This scope is reflected in a major work, the World Cancer Report 2014, released in February 2014, that will form the framework for a leading international scientific conference in Lyon in 2016 entitled "Global Cancer: Occurrence, Causes and Avenues to Prevention".

4. After a long period of consideration, the local, regional and national French authorities confirmed the agreement to provide a new building to house the Agency ("Nouveau Centre"). This generous long-term commitment by our French hosts will enable the Agency to continue to attract world-leading scientists and to support international collaborative research activities as it addresses its mission to reduce the global burden of cancer in the coming decades.

5. The Agency has made further significant strides over the last year in transforming its administrative procedures to maximize transparency, increase efficiency and provide high-quality support to the scientists. A number of scientific Groups have been restructured, with abolition of posts and creation of new ones, to ensure the available resources are adapted to current priorities. The requirements of the International Public Sector Accounting Standards (IPSAS) have been met with limited resource allocation and the scientific budget has been protected. Emphasis has been placed on training and career development in recognition that the personnel are the major asset of the Agency.

6. IARC is constantly improving the dissemination of and accessibility to its research findings. This is occurring within scientific Sections but is supported in a more strategic manner by the restructured Communications Group. A move to e-publications is already evident; there is greater access to on-line resources; a new open access policy has been implemented; scientists are offered media training; notification of key stakeholders upon release of important outputs is being expanded and streamlined.

7. Each of these foundations: scientific strategy, infrastructure, administration and communication, only find purpose if the Agency continues to attract and retain talented people at all levels of the organization, and if the wider cancer community continues to participate with IARC scientists in its mission based on a reputation for quality, integrity and independence. Therefore emphasis is not only placed on activities within IARC but also on nurturing partnerships with international agencies and organizations, regional cancer networks, professional bodies and other partners so that IARC is able to add value to the efforts of others.

8. The IARC 50<sup>th</sup> anniversary has been an occasion to look back at the origins of the Agency and to celebrate its success, as described in the book "IARC: The first 50 years", provided at this session of the Governing Council. More importantly, it has been an occasion to look forward, confirming the importance of the enduring values and principles on which the Agency is founded, noting the way it has evolved to meet a changing landscape of cancer research, and recognizing the increasing demands for leadership and partnership in the face of a spiraling increase in cancer burden globally. IARC has taken an approach of principled adaptability, stable in character but flexible in action, to meet the changing needs.

9. This report provides a brief summary of the accomplishments and challenges faced by the Agency since the last Governing Council meeting in May 2014.

### **Medium-Term Strategy**

10. As noted above, a crucial exercise over the past year has been the development of the IARC Medium-Term Strategy (2016–2020) (MTS), and the development in parallel of the Proposed Programme and Budget (2016–2017) (P&B). This provided an opportunity to improve the integration between these two strategic documents by developing the IARC Project Tree, a logical framework linking the activities in each project, presented in the P&B, with the overarching principles of IARC's vision, articulated through the MTS.

11. In preparing the MTS the Director was assisted by a small internal Writing Group composed of two senior scientists, Dr Joachim Schüz, Head of the Section of Environment and Radiation, and Dr Zdenko Herceg, Head of the Section of Mechanisms of Carcinogenesis, and the Scientific Officer in the Director's Office, Dr Eduardo Seleiro.

12. Integral to the development of the MTS was the establishment of a broad consultation process, including both internal and external stakeholders. This process aimed to ensure that the major lines of the Agency's strategy reflect the views of the wider community of scientists, collaborators and those who use IARC's research. The consultation of external stakeholders was structured in two stages:

- in the first stage a small group of key opinion leaders in cancer research, public health and international cooperation was invited to answer a short questionnaire consisting of a series of open-ended questions;
- the replies from this group were used to define a larger set of specific survey questions each with a list of options which were then put to a broader group of IARC stakeholders.

The internal consultation included:

- posting the draft MTS on the IARC intranet giving all IARC personnel the opportunity to provide comments;
- a discussion session between the Director and all junior professional scientists;
- a research retreat with all senior scientists heading the IARC Groups/Sections for in-depth discussion of the draft MTS;

In addition, the IARC Senior Leadership Team reviewed several iterations of the draft MTS, advising on some of the main strategic questions that emerged during its preparation.

13. The draft MTS was reviewed by a joint Working Group, comprised of members of the Governing Council and the Scientific Council on 9 October 2014, appointed by the Governing Council. The IARC Secretariat made a series of modifications based on the discussion and received further feedback on the revised draft from the Working Group members.

14. The subsequent draft MTS was submitted to the Scientific Council following final approval by the IARC Senior Leadership Team. The Scientific Council "enthusiastically complimented IARC on the breadth and scope of the MTS" highlighting a number of strengths of the document (see document GC/57/4) and recommended that the Governing Council adopt the draft MTS.

### **Strategic Partnerships**

15. The Agency works with regional and international partners on a strategic level in order to enable it to best frame its activities in line with the broader requirements for cancer control in different parts of the world.

16. Following participation of the Director in a meeting on the "Burden of Cancer in the Gulf Region" 21–23 October 2014, the Agency developed a Memorandum of Understanding with the Health Ministers' Council for Gulf Cooperation Council States and the Gulf Centre for Cancer Control and Prevention as a basis for developing joint research priorities to address cancer prevention and control in the region. A delegation of the Executive Board of the Health Ministers Council of Gulf States, including representation from all seven Gulf States, will visit IARC on 1–2 April 2015 to discuss specific joint projects in the context of the Memorandum of Understanding.

17. The Agency also established a Memorandum of Understanding with the Lalla Salma Foundation in Morocco. Created in 2005 under the auspices of Her Royal Highness Princess Lalla Salma, the Foundation is a nongovernmental organization dedicated to fighting cancer, jointly responsible with the Ministry of Health for coordinating the development and implementation of

Morocco's national cancer control programmes. The Memorandum of Understanding signed in Rabat in May 2014, reflected a strong, continuing partnership between the two organizations in key areas such as early detection and prevention of cancer, cancer registration, research on cancer etiology, and education and training for scientists from Morocco and from other francophone African countries.

18. The Agency collaborates closely with the International Atomic Energy Agency's Programme Action for Cancer Therapy (IAEA-PACT) and WHO in supporting the development of cancer prevention and control policies in countries around the world. The new head of IAEA-PACT visited IARC in April 2014 to discuss the development of this partnership. Also in this context, the Director hosted a meeting in October 2014 with IAEA-PACT and WHO to develop plans for a "IAEA/IARC/WHO Joint project on cancer prevention and control". This joint project is integrated in the broader framework of the United Nations Interagency Task-Force on the Prevention and Control of Noncommunicable Diseases (NCDs), of which IARC is a member, which coordinates the activities of the relevant UN organizations and other inter-governmental organizations to support the realization of commitments made in the 2011 UN Political Declaration on NCDs.

19. The Director General of the Chinese Center for Disease Control and Prevention, Dr Yu Wang, visited IARC in September 2014 to discuss ongoing IARC scientific collaborations in China. This was also an opportunity to further discussions on the establishment of formal relations between the Agency and the Peoples' Republic of China. Earlier the same month the Director visited China, to speak at the 'Annual Meeting of New Champions' organized by the World Economic Forum in Tianjin, on "Cancer: The Next Global Epidemic – How are developing economies responding to the rising burden of cancer?". This was an opportunity to bring cancer control to this new audience and to raise the profile of the Agency's work in China. The interest generated by this session resulted in the inclusion of sessions on cancer at the World Economic Forum annual meeting in Davos in January 2015.

### **Highlight Events**

20. The 3<sup>rd</sup> annual IARC Cancer and Society lecture was given by Professor Philip T. James, Honorary Professor of Nutrition, London School of Hygiene and Tropical Medicine, UK, to mark World Cancer Day. The lecture was entitled "Cancer prevention: the challenge of dietary change and obesity". Professor James highlighted the urgent need for evidence-based public health policies in this area as well as the challenges of implementing them in the face of competing cultural and economic interests. As before, the Cancer and Society lecture was streamed on the Agency's website to allow its dissemination to a broad non-scientific audience.

21. The 4<sup>th</sup> edition of the European Code against Cancer (ECAC) was launched in a joint press conference between IARC and the European Commission on 14 October 2014. The Code provides a set of twelve recommendations aimed at the general public, of actions that can be taken by every individual to reduce their risk of cancer. The ECAC is a European Commission initiative led by IARC, which involved over two-years of collaborative work between cancer specialists, scientists, and other experts from across Europe. The launch of the latest version of the Code included the creation of a website (<http://cancer-code-europe.iarc.fr>) containing additional information for the

public, including a series of Questions and Answers about each recommendation and related aspects of cancer prevention.

22. A key contribution the Agency is able to make to global cancer control is to convene meetings of world-leading experts to evaluate the evidence-base for important public health policies. A significant development in 2014 was the re-launch of the Handbooks of Cancer Prevention, first established in 1995. The IARC Handbook Volume 15 on Breast Cancer Screening is a timely update of Volume 7 published in 2002, providing an objective and independent evaluation of the benefits and harms of all modalities of breast cancer screening in different age groups and different settings. This volume was made possible by financial support from the Institut National du Cancer (INCa), France. The preparation of future Handbook volumes, covering for example weight control, physical activity and prostate cancer screening, depends on identification of additional voluntary contributions.

23. In another key review meeting, in September 2014, a Working Group of international experts examined the evidence on the effectiveness of *Helicobacter pylori* eradication as a strategy for stomach cancer prevention. The Working Group recommended that while further evidence is awaited from randomized trials, national health authorities in high-incidence countries consider conducting demonstration programmes of *H. pylori* screening and eradication, using designs that provide a comprehensive assessment of programme effectiveness and potential risks.

24. In a joint venture with the National Cancer Institute, USA, the Agency organized a two-day "Tumour Seminar" on the topic of "Difficult questions in renal cancer research" from 1–2 April in Lyon. The meeting assembled a small group of leading experts from different disciplines to identify the outstanding challenges in renal cancer research. A document prepared on the conclusions from the meeting will serve to shape the research agenda for the wider cancer community. This first meeting is a pilot exercise to evaluate the approach, in anticipation of addressing other tumour sites in future meetings.

25. Following the first IARC cancer registration and CanReg5 course presented in Russian, which was held in Astana, Kazakhstan, in September 2014, IARC has developed a set of recommendations in both Russian and English ("the Astana Recommendations") to help population-based cancer registries in Russian-speaking countries improve their operating procedures, data quality, and data comparability.

### **International ranking**

26. The Director's Report includes a series of key performance indicators (KPI) for the calendar year 2014, which enable an evaluation of performance in a number of areas in relation to the previous three years.

27. One of the most informative KPIs is the comparison of the overall research output of the Agency with that of other research institutes and in particular with other institutes with similar research profiles.

28. SCImago Lab is an independent organization which produces analyses of science, technology and innovation outputs of research institutions, including the SCImago Institutions Rankings (SIR; <http://www.scimagoir.com>). The SIR ranks the research output of research institutions worldwide from all subject areas and from all sectors (public, academic, NGOs, industry, etc.) according to a number of indicators, based on the publications indexed in Elsevier's Scopus database. The most significant indicators are: Normalized Impact (NI), a measure of the scientific impact of published work, based on number of citations; High Quality Publications (Q1), a measure of high quality research output; and International Collaboration (IC), a measure of particular relevance to the Agency's role in catalysing research collaborations.

29. Table 1 provides a summary of IARC's ranking in these selected indicators from the SIR 2014, which analysed the publications output of 4847 research institutions (each having published more than 100 publications in the last year) for the period 2010–2014 (for more details see Annex 1 below containing comparative data extracted from SIR 2014).

**Table 1: IARC Ranking in SIR**

	No. of institutes ranked	NI		Q1		IC	
		Rank global	Rank among cancer instit.	Rank global	Rank among cancer instit.	Rank global	Rank among cancer instit.
SIR 2011 (2007-2011)	3042	32	2	31	4	9	1
SIR 2012 (2008-2012)	3290	50	5	45	7	8	1
SIR 2013 (2009-2013)	4327	24	4	93	12	28	1
SIR 2014 (2010-2014)	4847	14	3	101	8	24	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*

*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*

30. IARC had again a remarkable performance in terms of the principal indicator measuring the impact of publications (NI), ranking 14<sup>th</sup> overall and 3<sup>rd</sup> amongst the specialized cancer research institutes, and in relation to the assessment of international collaboration (IC), ranking 24<sup>th</sup> overall and 1<sup>st</sup> amongst the specialized cancer research institutes.

31. In a separate independent international comparison of publication output quality "Mapping Scientific Excellence" ([www.excellencemapping.net](http://www.excellencemapping.net)), was listed 12<sup>th</sup> and 17<sup>th</sup> respectively out of 1309 institutions in the "Medicine" category IARC (9<sup>th</sup> and 15<sup>th</sup> last year out of 1231 institutions) for the probabilities of i) publishing highly cited papers (Best Paper Rate) and ii) publishing in the most influential journals (Best Journal Rate); institutions were included in the analysis if they had more than 500 publications in this category in the period 2007–2011.

32. Whilst recognizing the limitation in such methodologies, the broadly consistent rankings for the Agency over the last four years and the truly outstanding performance in both independent assessments provides further evidence of the impact of the research conducted by IARC in comparison to the world's leading research institutions.

### Publications

33. In 2014, Agency scientists published a total of 357 articles in 168 journals, of which 299 (84%) were peer-reviewed articles. The total number of articles was slightly higher than in previous years and the proportion of peer-review articles was similar to the previous year, consolidating the increase seen from preceding years (see Table 2).

**Table 2: Publications – Articles**

Year	Peer-reviewed articles	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2011	242 (71%)	18	48	33	341
2012	249 (76%)	15	29	33	326
2013	287 (84%)	6	35	13	341
2014	299 (84%)	12	30	16	357

34. Articles published by IARC scientists in 2014 were assessed in relation to the percentage appearing in the top 20% of journals in their subject category, according to the classification in the Thomson Reuters databases (Web of Science and Journal Citation Reports – see Table 3).

**Table 3: IARC publications in top 20% of journals in their subject category in 2014<sup>a</sup>**  
(only the top 5 subject categories for IARC papers published in 2014 are shown)

JOURNAL SUBJECT CATEGORY	No. Journals in SC	Highest IF in SC	20% IF of SC <sup>b</sup>	No. publ. in SC	No. publ. in top 20%	% in top 20%
ONCOLOGY	203	162.5	4.8	146	81	55
PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH	162	9.2	2.8	78	56	72
NUTRITION DIETETICS	79	13.0	3.9	28	9	32
MEDICINE GENERAL INTERNAL	156	54.4	2.5	24	17	71
MULTIDISCIPLINARY SCIENCES	55	42.4	2.0	19	19	100

*Legend: IF = Impact Factor; SC = Subject Category*

<sup>a</sup> A given journal can appear in more than one subject category.

<sup>b</sup> This figure represents the impact factor of the journal at the limit of the 20% top journals.

35. Overall, 60% of IARC articles were published in the top 20% of journals in their subject categories. This percentage is within the range observed previously (66% in 2013, 65% in 2012, 57% in 2011, and 53% in 2010).

36. As for the previous years, the top two categories account for a large proportion of the papers published (over 54% of the total). In these two main categories the percentage of papers in the top 20% of journals was 55% for Oncology and 72% for Public, Environmental and Occupational Health. This represents a modest decrease from the previous year (69% and 83% respectively). Caution against over-interpreting these results is warranted, given that journal rankings can vary considerably year-on-year.

37. The Agency monitors its publications in this manner, noting the recognized caveats of such an approach. However, the Agency scientists' decisions on scientific journal selection are not only driven by journal ranking. Increasingly the question of Open Access is of importance (see document GC/57/10). In addition, in the collaborations with national scientists from low- and middle-income countries (LMICs), work which is of great local or regional relevance is published, even if papers are sometimes submitted to lower impact journals.

38. The total number of IARC books sold in 2013 was 16 279 copies (see Table 4). Over 90% of sales were of the "Blue Books", the WHO Classification of Tumours Series. These figures confirm a steady progression of the volume of sales in relation to the previous years.

**Table 4: Publications – Volume of sales**

Year	Total sales	Sales of 'Blue Books'
2011	13 582	12 641 (93%)
2012	15 077	14 048 (93%)
2013	15 733	15 054 (96%)
2014	16 279	14 844 (92%)

39. Total revenue from the sales of IARC books amounted to 940 627 Swiss Francs in 2014 (see Table 5). This is similar to the previous year and confirms the substantial increase on 2011 and 2012, reflecting sustained sales of the Blue Books and the renegotiated terms with WHO Press.

**Table 5: 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 <sup>a</sup>
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)
2013	938 306	917 714 (98%)	936 307 (99% of figure in col. A)
2014	940 627	882 670 (94%)	937 772 (99% of figure in col. A)

<sup>a</sup> After charges were deducted from overall figure

40. Table 6 provides the figures for the total number of visitors to the most popular IARC websites in 2014: the number of visitors continues to increase on all these sites, reflecting the growing importance of online media for the diffusion of the Agency's activities.

**Table 6: Visitors to IARC website in 2014 (in brackets corresponding figures in 2013)**

Web site	Total visitors	Average visitors per day	Total visits	Average visits per day
IARC Home page	418 885	1147 (1005)	588 862	1613 (1471)
Monographs	178 850	490 (487)	308 389	844 (788)
GLOBOCAN	225 614	618 (575)	434 420	1190 (832)

*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.

41. The most popular downloads from the Agency's websites are presented in Table 7. As for last year, there was a remarkable increase of many different types of materials, underscoring the growing interest in and relevance of the work of IARC. The figures also suggest that efforts to make this work available to the widest audiences is having a positive effect, using a dual approach combining the provision wherever possible of freely available sources of high quality information, alongside a pricing policy for some materials which enables the Agency to maintain the volume and standard of its publications.

42. With regard to specific examples of high volume downloads, various Monographs, Blue Books and Handbooks of Cancer Prevention are notable. In fact the Handbook on Breast Cancer Screening was one of the top ten downloads, even though it dates back to 2002, providing another indication of the demand for this series. The remarkable interest in the Monograph on radiofrequency electromagnetic fields is still evident and was accompanied by a strong interest in the press releases on the Monograph on outdoor air pollution and for GLOBOCAN 2012. The major demand for the text book on "Cancer Epidemiology: Principles and Methods" is noteworthy and the updated volume will be completed in 2015 in conjunction with the London School of Hygiene and Tropical Medicine, UK. There is no obvious explanation for the >200 000 downloads of IARC Scientific Publication No. 32 'Statistical Methods in Cancer Research. Volume I – The analysis of case-control studies', but the data do illustrate the enduring value of this classic text from Breslow and Day.

**Table 7: Most popular downloads from IARC and Monographs websites (ranked by 2014 data and compared to 2013 figures)**

Item	Downloads	
	2013	2014
Cancer Epidemiology: Principles and Methods	175 025	248 293
IARC Scientific Publications No. 32: Statistical Methods in Cancer Research. Volume I – The analysis of case-control studies	29 980	204 028
IARC Monographs Classification List	195 398	173 910

Item (continued)	Downloads	
	2013	2014
Monograph Volume 51: Coffee, Tea, Mate, Methylxanthines and Methylglyoxal	11 935	111 007
Press Release 223: GLOBOCAN 2012	12 706	90 472
"Blue Book" Pathology and Genetics of Tumours of the Digestive System	64 720	88 674
Monograph Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	47 454	65 225
Press Release 208: Radiofrequency electromagnetic fields	59 591	57 186
Press Release 224: World Cancer Report 2014	-	49 935
Monograph Volume 99: Some Aromatic Amines, Organic Dyes, and Related Exposures	49 858	48 879
Monograph Volume 45: Occupational Exposures in Petroleum Refining; Crude Oil and Major Petroleum Fuels	20 879	47 175
Press Release 221: Outdoor air pollution a leading environmental cause of cancer deaths	53 362	42 181
Monograph Volume 49: Chromium, Nickel and Welding	12 563	40 284

### Voluntary contributions to IARC (grants and contracts)

43. Voluntary contributions, obtained mainly through competitive research grants from national and international funding agencies, represent a substantial component of the Agency's overall funding needed for the successful implementation of its planned programmes and MTS. This income makes a substantial contribution to overall expenditure and provides added value to the investment made by Participating States through assessed contributions. The success in obtaining peer-reviewed funding is another reliable indicator of the overall quality of research at the Agency.

44. The number of grant submissions continued to grow in 2014, with a total of 167 new applications and requests for funding. For comparison, the number of submissions in the previous years was: 150 (2013), 126 (2012) 110 (2011), and 119 (2010). Agency scientists continue to make every effort to fulfill the objectives of the MTS through identifying these additional sources of support.

45. In 2014 the Agency signed extra-budgetary contracts to a total value of €6 443 450 of which €4 175 192 (65%) was attributed to IARC. The total value of signed contracts is significantly lower than in recent years as is the value attributed to IARC despite the increase in the number of signed contracts (see Table 8). This reflects a combination of fewer large value contracts signed and is likely to be a more general consequence of the global economic conditions leading to increased competition for available funds.

46. The yearly total value of signed contracts is heavily dependent on obtaining a few large collaborative grants from the small number of major funding agencies open to IARC (e.g. European Commission (EC), National Institutes of Health USA, and the Bill and Melinda Gates Foundation). One specific circumstance is the programmatic cycle within the EC, which transitioned from the 7<sup>th</sup> Framework Programme (FP) to the new Horizon 2020 programme. The 7<sup>th</sup> FP was

phased out early in 2013, leading to a hiatus in funding opportunities and a very low number of IARC applications to the EC in 2013, which had a delayed effect on the signed EC grants in 2014 (only one signed).

47. The proportion of IARC extra-budgetary funding from the EC was 35% in 2013, having reached a peak of 54% in 2009. In 2014, EC funding represents only 1% of the IARC extra-budgetary funding, reflecting the premature closure of the 7<sup>th</sup> FP in the Health area.

**Table 8: Extra-budgetary funding**

Year	Number of applications	Number of signed contracts	Total value of signed contracts <sup>(a)</sup> (in Euros)	Value attributed to IARC (in Euros)	Voluntary contribution expenditure <sup>(b)</sup> (in Euros)
2011	110	36	43 659 499	7 858 454	8 199 585
2012	133	49	35 485 000	7 939 000	11 968 340
2013	150	43	22 985 385	7 210 095	9 955 587
2014	167	51	6 443 450	4 175 192	12 698 866

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

(b) Voluntary contribution expenditure as reported in the IARC Financial Report and Financial Statements, which includes amount passed through to partners for IARC coordinated projects.

48. The reduction in the total value of signed contracts had an effect also on the value attributed to IARC, which is also lower than in 2013. However, the proportion of the funds remaining at IARC out of the total value of contracts is substantially higher than in previous years.

49. Total expenditure from Voluntary Contributions was substantially higher in 2014 than in previous years, at €12.7 million, reflecting the success in grant awards in the preceding years.

50. When considered as a proportion of total expenditure on the scientific programme, expenditure funded from the Voluntary Contributions increased to almost 45% and represented 39% of all expenditure by the Agency in 2014 (Table 9).

**Table 9: Expenditure against voluntary contributions (VC), regular budget (RB) and percentage comparison (in Euros)**

Year	Regular budget (RB)	VC/ RB+VC <sup>(a)</sup>	Regular budget for scientific programme	VC/ RB2+VC
2011	19 151 000	30.0%	14 468 100	36.2%
2012	19 516 960	38.0%	14 101 595	45.9%
2013	19 902 355	33.3%	14 383 283	40.9%
2014	19 989 084	38.8%	15 622 140	44.8%

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

## **Staff**

51. The Agency made two key senior appointments in early 2015. Dr Raul Murillo Moreno joined the Agency (from 17 January) from his previous position as Director of the Colombian National Cancer Institute, to fill the new role of Implementation Scientist within the Section of Early Detection and Prevention (EDP). Also in EDP, Dr Parth Basu joined IARC (as from 30 March) as a Medical Officer from the Chittaranjan National Cancer Institute.

52. The Agency continues to attract high quality senior scientists to vacant posts and importantly, to retain those who are recruited. Over the three-year period 2012–2014 at senior professional scientist level (P4 to P6) the Agency had just three departures, all of which were the result of retirement.

53. As of 30 April 2015 there will be 329 people working at the Agency: 228 staff members and 101 Early Career and Visiting Scientists. For comparison the number of people working at the Agency in 2012, 2013 and 2014 was 279, 308 and 314 respectively.

54. Of the 219 fixed-term staff, 99 are professional staff (45 men; 54 women) and 120 general service staff (30 men; 90 women); in addition there are 9 temporary/short-term staff. Of the 99 professional staff 13 are in the support services; of the remaining 86 professional staff, 56 are funded on the regular budget and 30 from extra-budgetary sources.

55. Since May 2014, 27 staff members have arrived at the Agency: 11 professional and 16 general service. Over the same time period, 20 staff members left the Agency: six professional and 14 general service.

56. The Early Career and Visiting Scientists include 28 students, 46 post-doctoral scientists, of whom 18 are Fellows supported by IARC awards, and 27 Visiting Scientists, five of whom are Senior Visiting Scientist awardees. Visiting Scientists spend different proportions of their time in the Agency. About half of the Early Career and Visiting Scientists are supported from extra-budgetary funding.

57. Overall, the IARC personnel come from more than 50 different countries worldwide and thus working at the Agency represents a remarkable opportunity to develop generic skills for working in an international environment. Of the staff on fixed-term contracts, 91% are from Participating States (200 out of 220).

58. The IARC Recognition Programme rewarded five IARC personnel for their outstanding contributions to the work of the Agency in 2014. This award recognizes contributions made through the display of creativity, commitment and/or dedication during the course of the year, and is particularly significant because it is based on nomination from peers across the Agency. 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.

## **Education and Training**

59. Education and training is provided by many of the IARC scientific Groups through their collaborative research programmes with national scientists. These activities together with more

structured training opportunities are overseen by the Education and Training Group (ETR) and are guided by the recommendations of the Agency-wide Advisory Committee on Education and Training (ACET), chaired by the Head of ETR. A report for the biennium 2013–2014 was presented to the Scientific Council (see document SC/51/8 – *Biennial Report of the Activities of the Education and Training Group (ETR), 2013–2014*).

### ***IARC Fellowships Programme***

60. The Agency awarded 21 post-doctoral fellowships in 2014, comprising 13 new awards and 8 extensions for a second year (see Table 10). Of the total, 18 were co-funded by the EU Marie Curie Action FP7-PEOPLE-2012-COFUND and the IARC regular budget, of which 12 (67%) were assigned to scientists from LMICs. The remaining three awards were funded through bilateral agreements: two (one new and one extension) by the IARC-Australia Postdoctoral Fellowship Programme, funded by Cancer Council Australia, and the first award made within the framework of the IARC-Ireland Postdoctoral Fellowship Programme, funded by the Irish Cancer Society.

61. The number of fellowships awarded was again higher than in previous years due to the commitments made in the current EU COFUND grant. Return Grants (value US\$ 10 000) were awarded to Fellows from Malaysia, South Africa and Colombia to help with research initiatives on return to the home country.

**Table 10: Education and Training – IARC Fellowships**

<b>Year</b>	<b>No. of IARC fellowships awarded</b>	<b>No. of Fellows from low- and middle-income countries</b>
2011	13 (8 + 5)	5
2012	19 (12 + 7)	11
2013	18 (10 + 8)	11
2014	21 (13 + 8)	12

*Post-doctoral fellowships (new + second year renewals), including IARC-Australia and IARC-Ireland Fellows*

62. The Agency was able to award three Senior Visiting Scientist Fellowships to: Professor Walter Prendiville, Beacon Hospital Department of Gynaecology, Dublin, Republic of Ireland; Professor Michael Leitzmann, University of Regensburg, Department of Epidemiology and Preventive Medicine, Germany; and Professor Kyle Steenland, Rollins School of Public Health, Emory University, Atlanta, GA, USA.

63. The IARC Postdoctoral Fellowship Charter supports the training for scientists at this stage of career. Charters are completed by postdocs and their supervisors, and entry/exit interviews are conducted by ETR. The feasibility of a future mentoring programme, as advised by the Scientific Council, was evaluated. A programme will be piloted in autumn 2015.

64. A total of 190 Early Career and Visiting Scientists worked at IARC during 2014. ETR is responsible for all administrative procedures relating to their arrival, hosting and departure from IARC, and has been working with the Information Technology Services for the development of a suitable tool to streamline these administrative processes during the course of 2015.

65. ETR works with the 'Early Career Scientist Association' (ECSA) launched in July 2013, to improve the quality of training and hosting environment at IARC for post-docs and students, and to promote regular dialogue between the early career scientists, ETR and IARC management. A highlight of the year was the first ECSA Scientific Day successfully organized by the association in April. One of the collaborations between ETR and ECSA was on the improvement of the IARC Generic Courses Programme. Based on the results of a learning assessment survey new courses were offered. Seven courses were organized in 2014, attended by more than 45 Early Career Scientists.

66. ETR coordinated the finalization of the IARC Welcome Pack, which provides information for those considering working or studying at IARC, as well as to assist those who are preparing to move to Lyon or have joined IARC recently.

### ***IARC Courses***

67. The IARC Summer School on Cancer Epidemiology took place from 16 June to 4 July 2014 comprising two Modules: Cancer Registration (week one) and Cancer Epidemiology (weeks two and three). Sixty-four participants from 45 countries attended the course, approximately 80% from LMICs. Additional financial support for this course was provided by the National Cancer Institute, USA, and the Nordic Cancer Union (NCU).

68. Dr Vithana PVS Chiranthika from Sri Lanka, was awarded the "UICC-IARC Development Fellowship award in cancer epidemiology", which allows one of the most promising Summer School participants to return to IARC for three months to train and develop a research project. A joint proposal was developed with UICC to raise funds to sustain and expand this initiative.

69. In addition to the IARC Summer School, the Courses Programme provides support to specialized courses and workshops organized or co-organized by the scientific Groups of the Agency (see Table 11; a more detailed list of the courses is presented in Annex 3). Of special note in this area was the support provided to the increasing number of courses on cancer registration resulting from the GICR initiative, and to workshops targeting institutions engaged in the ESTAMPA project in Latin America.

70. As shown in Table 11 below, the Summer School as well as the IARC specialized and advanced courses and workshops contributed to the training of a total of 576 scientists and health professionals worldwide during 2014, a number which continues to rise.

**Table 11: Education and Training – IARC Courses**

<b>Year</b>	<b>No. courses organized</b>	<b>No. different countries</b>	<b>No. courses in LMICs</b>	<b>No. participants</b>
2011	9	6	4	235
2012	9	4	3	312
2013	15	7	8	566*
2014	17	14	12	576

*\* includes the 120 persons who participated in one or more of the six webinars on CanReg5 that were offered in 2013*

71. The Agency continues to focus on expanding e-Learning activities: collaboration with the Institut Català d'Oncologia, Spain, for the development of a joint online course in cancer

epidemiology targeting Latin American countries anticipated for 2015; collaboration with the London School of Hygiene and Tropical Medicine, UK, on an e-Learning session on 'Introduction to Cancer' provided as part of an MSc module but also available as a standalone free online resource; negotiations are on course with the IAEA-PACT for the development of an e-Learning module on cancer registration integrated within the Virtual University for Cancer Control network (VUCCnet).

## **Research Support**

72. The Section of Support to Research (SSR) continued efforts to streamline bureaucracy and manage risks, while also beginning several new projects aimed at supporting the development of the Agency.

73. Major efforts are made on clear and open communications both within the Section and to the rest of the Agency on SSR priorities. Regular internal meetings and progress reporting to the Senior Leadership Team (SLT) continue as do the monthly updates during the 'Director's News' presentation to all personnel, for which relevant information is posted on the intranet. SSR continues to launch annual surveys to capture feedback on the services provided and suggestions for improvement.

74. During 2014 the new IARC intranet was launched, greatly improving access to internal information while also providing a more welcoming environment for formal and informal internal communications. Part of the project was the creation of a "How To" portal which provides clear information on the Agency's main operational processes and easy access to related documents and forms. The intranet platform was built on SharePoint, allowing further phases of implementation including creation of collaborative spaces both for intra- and extra-mural projects and networks, and development of automated workflows towards further streamlining the Agency's processes.

75. The relationship with the Staff Association Committee (SAC) remains an important avenue for receipt of comments and suggestions from IARC personnel. It is important to note that during 2014 the Staff Association took on crucial roles in advising SSR colleagues working on projects such as the design of requirements for the "Nouveau Centre" and competitive bidding processes for the cafeteria and cleaning services contracts.

76. The external board of auditors' unqualified certificate of IARC's 2014 accounts reiterates the continued strong performance of the Agency's financial controls and procedures. Following audit recommendations, a company was contracted to deliver on four projects to enhance the existing Enterprise Resource Planning (ERP) system as endorsed by the Governing Council (Resolution GC/55/R17). Once these enhancements are made the Agency will operate with improved systems adapted to the new requirements brought forward by the introduction of the International Public Sector Accounting Standards (IPSAS).

77. Dedicated efforts towards a sustainable role-based learning platform to enhance career development for staff at the Agency were initiated, with several new learning opportunities put in place through external and internally available training resources.

78. In parallel to creating an empowering environment for staff, support was provided to the Director and Section Heads in reviewing the structure of nine Groups within the Agency, including the Administrative Services Office (ASO) in SSR. This process led to several changes in positions, including the abolition of 13 posts across the Agency during the 2014–2015 biennium, allowing Groups to realign towards new directions outlined in the 2016–2020 MTS and to create new posts where required. Such efforts also included the review of all the Laboratory Technician positions to ensure the Agency is assigning work in a uniform way across all Groups and that clear mechanisms are in place for career progression.

### **Building works, repairs and renovation**

79. IARC's ailing infrastructure was prominent throughout the reporting period with several incidents affecting on-going work; these ranged from heating system failures, pump explosions, falling masonry from the facade of the IARC tower, rain infiltration into the building and many pipe leaks.

80. In response to the continued emergencies being faced by all personnel, the Secretariat has requested the City of Lyon to conduct a new full technical assessment of the building in order to ensure that the Agency can operate at an acceptable level of comfort until such time as new premises are made available.

81. The second phase of the programme of repair works performed by the City of Lyon which began in September 2013, were realized in September 2014. From March to September 2014, works consisted mainly of completing the repairs and required upgrades on the heating, cooling and ventilation systems.

82. During 2014 the City of Lyon also decided to perform work on all the elevators to render the tower compliant with French regulations regarding accessibility for persons with disabilities. The intervention planned for one month in summer 2014 met with many technical problems and caused disruptions over a number of months.

83. Consequent to falling masonry from the IARC tower building, the City of Lyon performed emergency repair works on all the outside pillars to prevent other major incidents during IARC's remaining time in the premises.

84. A complete audit of laboratory activities, current activities and foreseen developments for the next five years, was carried out in March and April 2014. The results of the audit led to a global plan to move, expand and relocate some activities throughout the Agency. Part of the 13<sup>th</sup> floor, which previously hosted the animal facilities and in recent years has been unused, will be refurbished to host the expanding biomarker research activities, and more specifically the mass spectrometers platform. The 6<sup>th</sup> and 7<sup>th</sup> floors of the tower also need refurbishment works to accommodate the necessary changes.

85. The continued expansion of the IARC Biobank activities and sample storage also require additional space. Following an extensive assessment, half of the basement of the Auditorium, previously used for furniture storage, was converted into a long-term storage room for

20 additional freezers. Funds for these works and those planned for the 6<sup>th</sup>, 7<sup>th</sup> and 13<sup>th</sup> floors were allocated by the Director from his discretionary accounts.

### **IARC Ethics Committee**

86. The activities of the IARC Ethics Committee (IEC) over the biennium 2013–2014 are described in document GC/57/17 (*Biennial Report of the IARC Ethics Committee (IEC), 2013–2014*). Below is a brief summary of the IEC's activities during the period of this report.

87. The IEC was composed of the following members:

#### External members

- Professor Isaac Adewole (Nigeria), gynaecologist
- Dr Michel Baduraux (France), medical doctor (from June 2014)
- Dr Safia Bouabdallah (France), jurist (from June 2014)
- Dr Béatrice Fervers (France) (Chair), oncologist
- Dr Marc Guerrier (France), ethicist (until November 2014)
- Dr Groesbeck Parham (Zambia), oncologist
- Dr Emmanuelle Rial-Sebbag (France), ethicist (from June 2014)
- Dr Hans Storm (Denmark), epidemiologist (from June 2014)
- Professor Paolo Vineis (UK) (Vice-Chair), epidemiologist

#### IARC and WHO staff

- Ms Evelyn Bayle (Screening 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)
- Dr Salvatore Vaccarella (Infections and Cancer Epidemiology Group, IARC)

88. The IEC met five times during 2014 (February, April, June, September, November) and evaluated 42 projects:

- 37 projects were approved after ethical review;
- 2 projects were given conditional approval subject to the receipt of further information;
- 3 projects were not cleared and the Principal Investigators were asked to prepare a revision for resubmission.

89. In addition to the IEC, the IARC Ethics Advisory Group (EAV), a group of international bioethics experts comprising Professor Sheila McLean, Professor Michael Parker and Dr Rodolfo Saracci, provides guidance on an ad hoc basis on areas where specialist expertise might not be available within the IEC. The EAV was not consulted in 2014.

## **External relations**

### ***Meetings***

90. In line with its mission to promote collaborative research, the Agency hosted a number of major meetings in Lyon. The full list of meetings held at IARC since May 2014 is provided in Annex 3.

### ***Collaboration with the Union for International Cancer Control (UICC)***

91. IARC and the UICC continue to develop a broad-range of collaborations in programmes and in specific initiatives of both organizations. The UICC is a key partner in the Global Initiative on Cancer Registry Development (GICR) where it is a member of the Partners Group which advises on the progress of the project and on future priorities, is an observer at the GICR Hub Executive Group, and takes a leading role in the area of advocacy. Other areas of collaboration include education and training, where the UICC has provided support to a number of IARC courses and awards, technical collaboration on specific projects such as the "Global Task Force on Radiotherapy for Cancer Control" and the development of tumour classification and staging, coordinated by the UICC.

92. The Agency continued to participate with UICC in the International Cancer Control Partnership, together with the Centre for Global Health, NCI, USA and other partners. IARC has a specific role in relation to expanding the coverage and quality of cancer registration as well as participation of scientists in the Cancer Control Leadership Forum workshops.

93. The Director was invited to speak at the World Cancer Congress and to give the closing remarks at the World Cancer Leaders' Summit in Melbourne in December 2014.

94. On a more strategic level, IARC and the UICC are discussing the creation of an informal joint working group which will promote the exchange of information between the two organizations to avoid duplication of efforts and identify high level synergies to develop a programme of collaboration on key events and areas of work, building on current joint projects.

### ***Collaboration with International Atomic Energy Agency (IAEA)***

95. IARC collaborates with the IAEA in a number of projects, most notably as a partner in the country missions organized by the PACT programme, the imPACT missions. Senior IARC staff or IARC-nominated experts participate in these needs-assessment missions in the areas of cancer surveillance and cancer prevention and early detection, and the Agency endorses the final report in these areas, containing recommendations for the ministries of health on the development of policy, infrastructure and services for cancer prevention and control.

96. As mentioned above, IARC, IAEA-PACT and WHO are developing a "Joint project on cancer prevention and control". The joint project aims to provide technical support to national governments in a number of Flagship Countries, to demonstrate what could be achieved through a coordinated, comprehensive approach to supporting the development of local health systems in

cancer prevention and control. The experience should also provide lessons for the eventual scale-up of this type of coordinated technical cooperation programme between the three organizations to extend this support to a broader set of countries.

97. Finally also as mentioned above, IARC and IAEA-PACT are planning to extend the collaboration to the area of education and training, through the production of an e-Learning course on cancer registration, integrated within PACT's VUCCnet.

### *Collaboration with WHO*

98. The Agency continues to have a broad range of collaborative activities with WHO, from cooperation on specific projects to strategic support. IARC'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. A significant development in this area was the endorsement by WHO's Noncommunicable Disease and Mental Health Cluster of the GICR as the instrument for supporting Member States in measuring the indicator on cancer incidence (Indicator 2 – Cancer incidence, by type of cancer, per 100 000 population) in the Global Monitoring Framework on NCDs; similar support was agreed, in response to the need for dietary surveillance, in relation to the Agency's "GloboDiet" dietary assessment tool.

99. Specific collaborations are too numerous to list here but opportunities for expanding joint activities in a number of jointly agreed priority areas, including cancer registration, prevention of infection-related cancers, cancer screening and early detection, and nutritional surveillance, continue to be actively pursued.

100. As mentioned above, IARC works alongside WHO, IAEA-PACT and other UN Agencies in the UN Inter-Agency Task Force on the Prevention and Control of NCDs, supporting the development and implementation of national prevention and control programmes for NCDs. The Agency is also assisting WHO in the development of its strategy in the area of cancer management through the participation of several senior IARC staff in a forthcoming meeting to define priorities in this area.

## Annex 1 – Top 50 research organizations by Normalized Impact

(Source: SIR 2014; <http://www.scimagoir.com>)

RANK	Organization	Country	NI	Q1(%)	IC(%)
1	American Cancer Society	USA	100.00	89.74	34.09
2	Broad Institute of MIT and Harvard	USA	43.40	99.18	54.67
3	Whitehead Institute for Biomedical Research	USA	34.72	100.00	38.09
4	Wellcome Trust	GBR	32.40	88.80	69.30
5	Wellcome Trust Sanger Institute	GBR	31.89	95.35	71.68
6	European Bioinformatics Institute EMBL	GBR	29.36	85.57	73.02
7	J. David Gladstone Institutes	USA	23.07	97.46	41.91
8	George Institute for International Health	AUS	22.82	80.98	57.42
9	National Center for Biotechnology Information (NIH)	USA	22.54	89.36	41.95
10	International Prevention Research Institute	FRA	22.38	85.78	92.22
11	Doe Joint Genome Institute	USA	21.72	71.17	68.20
12	Ontario Institute for Cancer Research	CAN	21.41	89.64	70.69
13	Cold Spring Harbor Laboratory	USA	20.95	97.37	50.25
14	International Agency for Research on Cancer	FRA	20.25	87.80	89.58
15	Howard Hughes Medical Institute	USA	20.02	99.56	33.16
16	Max Planck Institut fur Biochemie (MPG)	DEU	19.85	91.33	62.12
17	Kavli Institute for Particle Astrophysics and Cosmology	USA	19.71	72.53	72.76
18	Microsoft Corporation	USA	19.54	42.34	37.43
19	Centre for Free Electron Laser Science	DEU	19.04	74.99	80.19
20	European Molecular Biology Laboratory Heidelberg	DEU	18.80	95.60	70.15
21	MedStar Health Research Institute	USA	18.54	81.80	29.57
22	World Health Organization Switzerland	CHE	18.51	81.19	82.67
23	John E. Fogarty International Center for Advanced Study in the Health Sciences (NIH)	USA	18.27	91.42	60.97
24	Joint Quantum Institute (NIST)	USA	18.23	80.14	39.06
25	The Oskar Klein Centre for Cosmoparticle Physics	SWE	18.22	79.85	93.37
26	National Library of Medicine (NIH)	USA	18.14	72.01	30.39
27	Dana Farber Cancer Institute	USA	18.14	89.20	35.72
28	Broadcom Corporation	USA	18.08	59.21	26.35
29	Saint Luke's Mid America Heart Institute	USA	17.95	87.68	24.16
30	National Bureau of Economic Research	USA	17.87	82.48	30.74
31	Hamilton Health Sciences	CAN	17.68	69.26	37.98
32	Laboratoire d'Ecologie Alpine (CNRS)	FRA	17.34	90.60	71.40
33	Institute of Cancer Research	GBR	17.31	87.42	48.40
34	Max Planck Institut fur Molekulare Pflanzenphysiologie (MPG)	DEU	17.17	90.96	67.51
35	Centers for Disease Control and Prevention	USA	17.02	79.16	28.16
36	Harvard Pilgrim Health Care	USA	16.90	86.66	19.59
37	Max Planck Institut fur Pflanzenzuchtforschung (MPG)	DEU	16.82	93.65	76.84
38	Singapore Eye Research Institute	SGP	16.81	76.88	68.08
39	Mitsubishi Electric Research Laboratories	USA	16.79	31.73	40.16
40	Microsoft Research Asia	CHN	16.79	33.12	54.34
41	Genentech Inc.	USA	16.77	86.31	28.46
42	Microsoft Research Cambridge	GBR	16.62	43.37	66.68
43	National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIH)	USA	16.60	88.27	42.39
44	Friedrich Miescher Institute for Biomedical Research	CHE	16.51	96.17	68.66
45	Boyce Thompson Institute for Plant Research	USA	16.50	90.40	59.52
46	Max Planck Institut fur Kohlenforschung (MPG)	DEU	16.43	85.92	36.66
47	A. Alikhanyan National Laboratory	ARM	16.32	69.43	89.94
48	Salk Institute for Biological Studies	USA	16.30	95.04	46.78
49	National Institute on Alcohol Abuse and Alcoholism (NIH)	USA	16.18	90.36	34.95
50	Google Inc.	USA	16.11	41.58	31.08

### **SCImago Indicators**

Selected indicators seek to reveal main aspects of research size, performance, impact and internationalization at Worldwide Research Institutions. The latest version of SCImago has also introduced indicators of innovation and web visibility (not shown).

In the latest version of SCImago the results for each indicator were normalized on a scale of 0 to 100 to facilitate benchmarking. Therefore, the values of each indicator have no other role than determining the position of an institution with respect to the other institutions.

Institutions have been selected using the sole criterion that they have over 100 published works included in the SCOPUS database during the last year of the selected time period.

#### **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. This is a size-dependent indicator.

#### **NI: Normalized Impact**

The NI values show the ratio between an institution's average scientific impact and the world average in the same subject area, 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. This is a size-independent indicator.

#### **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. This is a size-independent 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. This is a size-independent indicator.

#### *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."

## Annex 2: Specialized courses organized or co-organized by the IARC scientific Groups in 2014

Course title	Location	Number of participants	External collaborations
Cervical cancer screening and treatment with cold coagulation	Fès, Morocco	11	Fondation Lalla Salma Prevention et Traitement des Cancers
Course on VIA, colposcopy and treatment of cervical neoplasia	Barshi, India	15	Tata Memorial Centre Rural Cancer Project, India; National Cancer Control Programme, Sri Lanka; Bill & Melinda Gates Foundation - through ACCP
Training course on screening and treatment of cervical neoplasia	Kigali, Rwanda	14	NCI Rwanda; UICC
Training Course on Colposcopy and LEEP Procedures in the Management of Abnormal Cytology	Bangkok, Thailand	57	NCI Thailand; Thai Society for Colposcopy & Cervical Pathology
Master Trainers course on cervical cancer screening and treatment of pre-cancerous lesions	Barshi, India	17	Tata Memorial Centre Rural Cancer Project, India
Go-to-webinar training on EPIC-soft GloboDiet	Online courses (4)	45	
Cancer Survival Methods for Cancer Registries	Chennai, India	29	GICR Regional Hub for South, East, and South-Eastern Asia; UICC
Building blocks for cancer system performance measurement and evaluation (Spanish)	Ottawa, Canada	18	GICR Regional Hub for Latin America
Basic training in cancer registration	Mozambique	5	AFCRN (GICR Regional Hub for sub-Saharan Africa)
Cancer registration (for Francophone countries)	Abidjan, Côte d'Ivoire	11	GICR Regional Hub for Northern Africa, Central and Western Asia; INCa (Institut National du Cancer, France)
Cancer registration	Cairo, Egypt	25	WHO Eastern Mediterranean Regional Office
Cancer registration	Yangon, Myanmar	80	GICR Regional Hub for South, East, and South-Eastern Asia; NCI Thailand
Cancer registration workshop	Shanghai, China	80	NCI USA
IARC Cancer Registration Course (for Russian-speaking registries)	Astana, Kazakhstan	28	GICR Regional Hub for Northern Africa, Central and Western Asia National Institute for Postgraduate Medical Education, Kazakhstan Central Asian Cancer Institute, Kazakhstan
Uses of cancer registry data in cancer control research	Ankara, Turkey	25	GICR Regional Hub for Northern Africa, Central and Western Asia; MECC, NCIC, UC Irvine
Principles of cancer registration and CanReg	San Salvador, El Salvador	52	GICR Regional Hub for Latin America

### Annex 3: Meetings held at IARC in 2014

Meeting Title	Date
European Code Against Cancer (ECAC) Fourth Screening WG Meeting	13-14 Jan. 2014
Project SPLIT	24 Jan. 2014
HPV-AHEAD Pathology Review Panel Meeting	3 Feb. 2014
EurocanPlatform Workshop	6-7 Feb. 2014
Low and Middle Income Countries Biobank and Cohort Network (BCNet) Steering Committee Meeting	11 Feb. 2014
European Code Against Cancer (ECAC) Second Scientific Committee Meeting	12-13 Feb. 2014
Determinants of Diet and Physical Activity (DEDIPAC) WP1.3 Kick-off Meeting	13-14 Feb. 2014
GICR partners meeting	18 Feb. 2014
Meeting on the assessment of the global impact of HBV vaccination	24 Feb. 2014
1st Meeting of the Multicentric study on screening and triage of cervical cancer using test for Human Papilloma Virus (ESTAMPA) Data Safety Monitoring Board (DSMB)	24 Feb. 2014
Cooperation on Chernobyl Health Research (CO-CHER): kick-off meeting	13-14 March 2014
Lung Cancer Cohort Consortium (LC3) Meeting	24-25 March 2014
International Lung Cancer Consortium (ILCCO) Annual Meeting	25-26 March 2014
TRICL Annual Meeting	26 March 2014
African Breast Cancer Disparities in Outcomes - ABC-DO Kick off meeting	1-2 April 2014
European Cohort Consortium	2 April 2014
GALnet Meeting	2-4 April 2014
BBMRI-LPC Annual Consortium meeting	3-4 April 2014
Advisory Group to Recommend Priorities for IARC Monographs during 2015-2019	7-9 April 2014
SEMI-NUC mid-term meeting	9-10 April 2014
Systematic Review and Data Integration and Visualization Tools for Environmental Health Sciences	10-11 April 2014
Exposomics International Advisory Board	10-11 April 2014
Consensus and Editorial meeting, WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart	24-26 April 2014
TRANSCAN Kick-off meeting	25 April 2014
IARC Monographs Vol. 110: Perfluoro-octanoic acid, Tetrafluoroethylene, Dichloromethane, 1,2-Dichloropropane, and 1,3-Propane sultone	3-10 June 2014
EurocanPlatform Workshop	14 June 2014
Aflatoxin Control Measures: A Basis for Improved Health in Developing Countries	30 Jun.-3 Jul. 2014
IARC Monographs Vol.111: Some nanomaterials and some fibres	30 Sep.-7 Oct. 2014
Asbest Study Annual Meeting	7-8 Oct. 2014
Governing Council Working Group to consider and finalize a draft IARC Medium-Term Strategy for 2016-2020	9 Oct. 2014
CO-CHER meeting of Partners and Experts	9-10 Oct. 2014
Meeting on the IAEA-IARC-WHO Joint Project on Cancer Control	16-17 Oct. 2014
Advisory group meeting on a randomized trial comparing cervical cancer screening algorithms in Africa	27-28 Oct. 2014
Novel mechanisms through which Translesion Synthesis contributes to genome stability	7 Nov. 2014
IARC Handbooks of Cancer Prevention, Vol. 15: Breast Cancer Screening	11-18 Nov. 2014
International Childhood Cancer Cohort Consortium (I4C) Meeting	17-18 Nov. 2014
SPLIT meeting	21 Nov. 2014
AGRICOH-ONEMA Meeting	8-9 Dec. 2014