

## **REPORT OF THE SCIENTIFIC COUNCIL ON ITS FIFTY-FIRST SESSION**

### **INTRODUCTION**

1. The Fifty-first Session of the Scientific Council (SC) of the International Agency for Research on Cancer (IARC) was opened by Dr Cornelia Ulrich (Chairperson of the Scientific Council), at 09:00 on Wednesday 28 January 2015. She welcomed the participants, including the new members of the Scientific Council, Drs Stephen Chanock (USA), Ellen Kampman (Netherlands), Ole Raaschou-Nielsen (Denmark), Martin Rösli (Switzerland) and Elisabete Weiderpass-Vainio (Finland).
2. She also welcomed Dr Mark Palmer (Chairperson, Governing Council), Professor Béatrice Fervers (Chairperson, IARC Ethics Committee), Dr Andreas Ullrich (WHO Representative), and Dr David Cox (Centre Léon Bérard – Observer).
3. Apologies for absence were received from Drs Nuria Aragonès (Spain), Lukas Huber (Austria), Christos Sotiriou (Belgium), Dr Julie Torode (UICC Representative – Observer) and Dr Agnès Buzyn (Vice-Chairperson, Governing Council).
4. For ease of reference a list of acronyms of Sections and Groups can be found in Annex 2 at the end of this Report.

### **DECLARATION OF INTERESTS**

5. Declarations were summarized by the Secretariat and made available for consultation by all Scientific Council members during the meeting. Please refer to the Annex at the end of this Report.

### **ELECTION OF RAPPORTEUR**

6. Dr Deirdre Murray was elected Rapporteur.

### **ADOPTION OF THE AGENDA** (Document SC/51/1)

7. The agenda was adopted.

**PRESENTATION OF STANDARD REPORTS: THE INTERIM ANNUAL REPORT 2014**  
(Document SC/51/2)

8. The Director presented the IARC Interim Annual Report 2014 and its scientific highlights.
9. A summary of discussions held and questions raised by the Scientific Council and answers given by the Director or by the relevant Group/Section Head(s) are given below:
- The SC suggested that more information is made available, particularly to new SC members, on the areas where, for example large cohorts exist and where ongoing research is expected and budget applied, such as the EPIC study.
  - An update was given on the HPV vaccination studies. Intermediate endpoints suggest that single dose vaccine is promising. Modelling is used to explain differences in HPV prevalence and vaccination efficacy across different populations.
  - A discussion took place on the premenopausal incidence of breast cancer in African women and possible association with infections. It was suggested that infections in breast milk or nipple aspirates could be examined as to their association with such cancer. Ethical considerations would prohibit such additions in a current study.
  - A suggestion was made to publish a Monograph on the prevention of cancer in response to the recent paper from *Science*<sup>1</sup>. It was acknowledged that the *World Cancer Report*<sup>2</sup> fills that gap but a suggestion was made to look at releasing a shortened version and ensuring broader dissemination.
  - IARC was invited to provide the evidence to the World Health Organization (WHO) to enable WHO to evaluate the HPV programme (both screening and vaccination) as a possible best buy.
  - The SC emphasized the importance of translating cancer prevention scientific findings into languages other than English. It was clarified that some summaries are now translated into French and that similar arrangements exist with the Republic of Korea. IARC is keen to work with local scientific cancer professionals in countries to translate the documents, but are cognisant of the necessity to ensure that the translation is accurate and valid. Members of the SC asked to suggest contacts to assist with the translation.
10. The Scientific Council congratulated the Director and his staff on the IARC Interim Annual Report 2014.

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<sup>1</sup> Tomasetti C, Vogelstein B (2015). Variation in cancer risk among tissues can be explained by the number of stem cell divisions. *Science* 347(6217):78–81. <http://dx.doi.org/10.1126/science.1260825>

<sup>2</sup> Stewart BW, Wild CP, editors (2014). *World Cancer Report 2014*. Lyon, France: International Agency for Research on Cancer.

**PRESENTATION OF STANDARD REPORTS: REPORT OF THE MEETING OF THE 56<sup>TH</sup> SESSION OF THE GOVERNING COUNCIL** (Document SC/51/3)

11. The Director mentioned that the full Minutes of the Governing Council meetings (GC/56/Min.1–3) were available on the IARC Governance website (<http://governance.iarc.fr/GC/GC56/index.php>).

12. The Scientific Council noted the Report of the 56<sup>th</sup> Governing Council.

**PRESENTATION OF STANDARD REPORTS: DIRECTOR'S UPDATE FROM THE 50<sup>TH</sup> SESSION OF THE SCIENTIFIC COUNCIL AND DISCUSSION** (Document SC/51/4)

13. The Director presented a written report as an update from the last Scientific Council.

14. The Scientific Council noted the Director's Report and update from the 50<sup>th</sup> Scientific Council.

**PRESENTATION OF STANDARD REPORTS: BIENNIAL REPORT OF THE IARC ETHICS COMMITTEE (IEC), 2013–2014** (document SC/51/5)

15. Professor Béatrice Fervers, Chairperson of the IEC presented this item.

16. The Scientific Council queried which ethical guidelines were used when assessing a study. The Chairperson clarified that the process is that studies require local/national ethical committee approval in advance of submission to the IEC. The IEC then use international guidelines to assess the study. Specific issues in specific cultures are discussed with local experts.

17. IARC clarified its role in handling any possible conflict of interest regarding the ASBEST study and confirmed that this study is being closely monitored by the Scientific Advisory Board and by the IEC.

18. The Scientific Council suggested that the IEC consider extending the ethical framework to manage incidental findings to biomarker studies.

19. The Scientific Council noted the Report with satisfaction and thanked the IEC Chair for her effort.

**PRODUCTION OF STANDARD REPORTS**

20. The Director would like to reduce the administrative load on the Agency's resources involved in the production of numerous standard reports and is seeking the Scientific Council's views on discontinuing the Interim Annual Report, which is resource-intensive and rarely used. The Biennial Report (glossy book) would still be produced.

21. As other standard reports might be considered as no longer helpful or useful to either the Scientific or the Governing Councils, it was suggested to set up a Working Group to review the list of current standard reports and advise the Secretariat as to their possible termination.

22. The Scientific Council Vice-Chair (James Bishop) as well as one Scientific Council member (Elisabete Weiderpass-Vainio) volunteered to participate in this Working Group. The Governing Council Chair was also requested, and accepted, to join the Working Group.

**DIRECTOR'S RESPONSE TO THE REVIEWS OF THE SECTIONS OF IARC MONOGRAPHS (IMO) AND MOLECULAR PATHOLOGY (MPA), HELD AT IARC IN JANUARY 2014**  
(Document SC/51/6)

23. The details of action taken following the reviews of the Sections of IARC Monographs (IMO) and Molecular Pathology (MPA) were discussed.

24. The Director noted with satisfaction the high overall evaluation assigned to both Sections.

25. The Scientific Council made the following observations:

*IARC Monographs (IMO)*

- The SC congratulated IARC on the re-launch of the Handbook of Cancer Prevention Series. It stated the importance of coordinating relevant WHO publication releases with those of IARC. The Director clarified that discussions have taken place with WHO as to how IARC can better contribute to WHO guideline processes.
- The SC suggested that the research time available for senior staff could be reviewed.
- The SC stated that strategic consideration be given to the appropriate weighting of observational studies, which can be undervalued. The difficulty of undertaking meta-analyses with a wide diversity of studies was discussed. The Section Head agreed these meta-analyses present challenges and stated that they have considerable in-house expertise in this area.

*Molecular Pathology (MPA)*

- The SC discussed the issue expressed by the Review Panel regarding the breadth of the scope of the Section and the resources available. It was noted that this Section is a key programme to IARC and suggested that its budget should have a sustainable budget base. The Director replied that the Section continues to look for alternative sources of funding. IARC has appointed a Knowledge Manager to help to maximize the dissemination and income from digital Blue Books.

26. The Scientific Council accepted the Director's response to IMO and MPA Reviews.

**SCIENTIFIC COUNCIL MEMBERSHIP OF SECTION REVIEW PANEL IN 2016**

27. The Scientific Council discussed the Section to be reviewed in 2016: Section of Genetics (GEN), Head: Dr Paul Brennan.

28. Review Panel (RP) members need to be identified as soon as possible to ensure a timely process.

29. Drs John Spinelli and Nicholas Jones will participate in the GEN RP. It was agreed that Dr John Spinelli would Chair it.

30. The external members should be chosen by the Secretariat in consultation with the RP Chair and the Chair of the Scientific Council.

31. The Review will take place at IARC on 25–26 January 2016.

### **THE GAMBIA HEPATITIS INTERVENTION STUDY (GHIS): FUTURE PLANS** (Document SC/51/7)

32. Dr Ramatoulie Njie, Group Head, presented this item.

33. Drs Spinelli and Weiderpass-Vainio, presented a review for discussion at the Scientific Council.

34. The Scientific Council congratulated the entire research team on an important research project. Besides initially successfully enrolling over 120 000 newborns in the trial, the Group has continued to work within The Gambia, conducting additional important research and improving the country's infrastructure (particularly the National Cancer Registry) essential for success of the study.

35. The Group Head raised the issue of the accuracy of liver diagnosis in the study in her presentation. Experience with PROLIFICA suggests that cancer has been improperly diagnosed in up to 18% of cases. This issue will need to be taken into consideration when undertaking analysis.

- The SC suggested that The Gambia project should consider joining with H3A (The Human Heredity and Health in Africa Initiative, HS Africa, a research consortium). The Group Head would welcome further collaboration with this group.
- The SC discussed the link between research results and cancer control within The Gambia. The Project has been very influential in devising policy within The Gambia and cancer data is made available annually to the Ministry of Health. The success of the vaccination study has enabled the decision to rollout the vaccination programme nationwide.
- Links with other hepatitis groups within WHO were discussed. The project is involved in guideline development with WHO and also in cost effectiveness studies on screening and treating Hepatitis B.

36. In response to the Director's request for guidance on: a) whether the GHIS is currently on course to complete its main objective on measuring the effects of HBV vaccination on liver cancer, the SC replied that the study was on course.

37. In response to the Director's request for guidance on: b) what additional actions need to be taken to ensure success of the project, the Scientific Council replied that:

- The non-comprehensive registration of HCC needs to be considered. A number of actions have been taken by the Project to address the issue and further actions may need to be taken.
- The potential of a higher than estimated attrition rate due to the failure of linkage methodology was discussed. The SC considered that the different options that are

ongoing – i.e. the development of an algorithm with probabilistic matching and the testing of the use of hand and palm prints, are reasonable.

- A question was raised regarding funding. GHIS is now included in IARC's proposed regular budget, 2016–2017. The Director added that this funding is reasonable but that additional funding would be welcome.

38. In response to the Director's request for guidance on: c) what are the main opportunities for ancillary studies based on the research platform present in The Gambia because of GHIS, the SC approved the suggestions presented by Dr Njie. Other suggestions included examining use of surrogate endpoints, renal disease and other cancers such as lymphoma.

39. The Scientific Council discussed the completion of the study and the involvement that IARC will have in The Gambia after the study (exit strategy). It was noted that almost 10% of Gambians are chronically infected with HBV prior to the national vaccination programme. It was suggested that research could be undertaken on full population screening in The Gambia after the end of the project. IARC is also interested in liver cancers other than HCC and is interested in further opportunities to work with MRC on this and other noncommunicable disease (NCD) outcomes following this study.

#### **BIENNIAL REPORT OF THE ACTIVITIES OF THE EDUCATION AND TRAINING GROUP (ETR), 2013–2014** (Document SC/51/8)

40. Ms Anouk Berger, Group Head, presented the key achievements of ETR in 2013–2014, based on the strategy presented and discussed during the 49<sup>th</sup> Session of the Scientific Council in January 2013 (see document SC/49/7).

41. The Scientific Council congratulated Mrs Eve El Akroud on her retirement from the Agency and thanks her for her great contribution in the past 35 years.

42. A question was raised on how low- and middle income countries (LMICs) scientists can access a PhD programme in IARC. It was clarified that IARC does not award PhDs but that collaboration is possible between local and overseas academic institutions for early stage scientists. Several examples of such good collaboration have already occurred.

43. The Scientific Council noted that feedback from Fellows is important and recommended that it be utilized to improve post doc experience further. It was suggested that the Early Career Scientist Association (ECSA) could participate in the next review session.

44. It was clarified that the Fellowship Programme is a two year programme, the second year depending on evaluation of progress. A Fellow can be further extended to four years depending on funding from research groups.

45. The Scientific Council requested that the frequency with which the e-learning resources are utilized be calculated. This is planned for 2015.

46. The Scientific Council noted the request for advice on potential sources of additional funding, in order to ensure future developments in ETR. The Scientific Council agrees that there should be sustainable methods of funding put in place.

47. The Scientific Council recommends to align the production of the ETR Biennial Reports to that of the IARC Biennial Reports, i.e. that the next ETR Biennial Report should cover the years 2016–2017.

### **PRESENTATION OF POSTERS BY YOUNG SCIENTISTS**

48. The Scientific Council congratulated the young scientists on the high quality and diversity of their work. It thanks them for the work that was put into the posters as it helps to appreciate more fully the work of IARC.

### **OTHER ISSUES**

49. The Scientific Council requests that, in future Scientific Council sessions, time be made available earlier in the agenda for discussions with the Director and the Director of Administration and Finance.

### **ASSESSMENT OF THE UTILITY OF THE NEW SCORING SYSTEM FOR REVIEWS**

50. After a few review cycles, it became apparent that the four point scale used for reviews (Outstanding/Satisfactory/Questionable/Unsatisfactory) needed to be changed. A six point scale was introduced for the reviews in 2014 and 2015 (Outstanding/Forefront/Competitive/Not Competitive/Unsatisfactory/Preliminary Work).

51. The Scientific Council made the following observations about the new scoring system:

- The SC agreed that the new scale is an improvement, that it is important that the scores are properly interpreted and that there are a sufficient number of scores in this new scale, with appropriate intermediate scores.
- The SC recommends that the new scoring system is maintained and will continue to monitor and possibly include it on the agenda next year.
- More detailed guidelines on the review process and the implementation of the scoring system will be included in a briefing document to future RP members.
- It is recommended that the education and collaborative components and the public health impact of the IARC programme should be considered in the evaluation of the Section.
- In addition to further education on IARC's mission, external reviewers should be encouraged to send in their comments in writing in advance to the RP Chair for pre-review session communication. It was suggested that the format of the reviews should also be reviewed by IARC.

### **UPDATE ON THE "NOUVEAU CENTRE" PROJECT (document SC/51/9)**

52. Since 2008, several technical reports revealed the poor state of the Tower building. In 2012, all local partners and the Governing Council recognized that the state of the Tower's

infrastructure was such that it would no longer be viable for continued use by the Agency within a period of five to seven years. The City of Lyon has invested in a programme of urgent repair works for the Tower building (ventilation, air-conditioning and heating systems) in order to ensure occupancy for five to seven years. Presented with various potential options for long-term continuation of IARC's Headquarters in Lyon, the Governing Council agreed with the recommendation made by the local authorities for a move to a newly built structure (11 060 m<sup>2</sup> with a cost of €48.3 million) on new land for a "Nouveau Centre".

53. The Scientific Council made the following observations:

- Financing is still unconfirmed by the French Government. The project will take about five years from confirmation of finance. A new study has been commissioned to review the current building and its viability for the next five years.
- The SC expressed concern regarding the maintenance of the building having adverse budgetary implications.
- The SC recommends that the "Nouveau Centre" proceeds as quickly as possible, because partial shut downs due to technical issues are beginning to impede scientific activity. Facilities are a core element for scientific work and the SC expressed its concern that the continuing uncertainty will threaten the scientific work of IARC and the recruitment of new staff.

#### **PURCHASE OF SCIENTIFIC EQUIPMENT** (Document SC/51/10)

54. The Scientific Council considered the Director's proposal to request a contribution of 496 570€ from the Governing Council Special Fund for essential scientific equipment.

55. The following items were proposed for purchase:

	<b>Quantity</b>
<b>a) DNA extraction platform</b>	
Nucleic acid small volume extractor	1
96-channel pipetting head	1
<b>b) ELISA Plate reader</b>	1
<b>c) Vacuum concentrator</b>	1
<b>d) PCR platform</b>	
Modular high-throughput thermal cycler	3
Real Time detection system	3
Digital droplet PCR	1

56. The Scientific Council noted that the annual maintenance costs of the requested equipment will be covered by the regular budget as well as by collaborative programmes through grant applications.

57. The Scientific Council made the following observations: this request appears modest and relates to basic pieces of equipment and unequivocally recommends that the Governing Council approves the above-mentioned purchase of scientific equipment. The mission of IARC means that high volumes of samples from multiple countries require to be analysed and this equipment is core to the work.



**IARC POLICY ON OPEN ACCESS PUBLISHING IN SCIENTIFIC JOURNALS** (Document SC/51/11)

58. One of the pillars of IARC's mission is to be an authoritative and unbiased "global reference for cancer information." Beyond ensuring quality and integrity of its publications, however, IARC as a publicly-funded international agency recognizes its obligation to share knowledge broadly and openly, in ways that are free of cost barriers and use restrictions.

59. With the ease and widespread acceptance of electronic scholarly communications and the precipitously rising costs of periodicals, open access (OA) emerged as an alternative publishing model. IARC established its OA Policy in December 2014, which describes the principles it will adhere to in ensuring maximum access to its scientific journal articles, while minimizing cost and use restrictions.

60. The Scientific Council recognizes that there are competing interests and challenges with open access publishing.

61. The Scientific Council recommends a nuanced approach where papers are prioritized for open access with an emphasis on papers that IARC identify for wide distribution. Scientists need to be educated as to what they can and cannot do in terms of distribution.

62. The Director requested an approach to the Governing Council to use up to a maximum of €50 000 per annum for three years from the Governing Council Special Fund to select around 20 high priority scientific articles for Gold or Hybrid OA publishing where other financing options are unavailable.

63. The Scientific Council approves this approach and recommends review in two years' time.

**DRAFT IARC MEDIUM-TERM STRATEGY FOR 2016–2020, INCLUDING IMPLEMENTATION PLANS** (Document SC/51/12 + Annexes 1–3)

64. The IARC Medium-Term Strategy (MTS) for 2016–2020 includes both the principles which guide the Agency in the selection of its activities and the values which underpin that work. The unique place and relevance of IARC is considered within the broader international landscape of cancer research and control and the increasing political focus on noncommunicable diseases (NCDs) following the UN resolution in September 2011.

65. The Scientific Council considered Document SC/51/12 and its Annexes 1–3:

- The SC enthusiastically complimented IARC on the breadth and scope of the MTS, which has clearly benefited from the wide and transparent process of consultation with staff, stake holders and experts.
- The overall MTS encompasses a set of key values and principles including the interdisciplinary nature of cancer prevention research. This is a unique strength of IARC and essential to its mission.
- The SC supports IARC in its key role as a trusted source of information on evidence-based cancer prevention. The SC emphasizes the importance of IARC's role in synthesizing and disseminating evidence on cancer prevention. It encourages IARC to continue to provide guidance with respect to public policies on cancer prevention and

control, including when only observational studies are available. IARC is well placed to provide policy advice on the optimal approaches towards cancer prevention research and its implementation.

- The SC was pleased to note the increase in the proportion of the budget that is dedicated to Objective 3, the evaluation and implementation of cancer prevention and control strategies.
- The SC notes that the overall budget is likely to require an increase over time to fully enable IARC to meet its mission.
- Recognizing the demands on the budget, the SC endorses the cross-disciplinary nature of the research in cancer prevention, across the spectrum of activity from laboratory sciences to population based studies. IARC promotes descriptive epidemiology and search for causation as being core elements of cancer prevention.
- A key illustration of this approach is how IARC has moved from causation to vaccination to impact of implementation of preventative strategies in cervical cancer. The SC fully endorses this approach.
- A key strategy is the development of good partnerships worldwide. In this context, research on development and implementation of cancer control strategies is of relevance. In addition, this research also can lead to extensive capacity building and implementation at research sites.
- IARC can have an important advisory role in assisting in the development of national policies regarding cancer control programmes, as it does in relation to the development of cancer registries.
- The SC encourages IARC to continually invest in state-of-the-art Biobanking technology. It supports IARC's role in providing a bridge between international initiatives and other Biobank networks. The SC fully endorses the expansion of biobanking capabilities in the "Nouveau Centre".
- The SC supports the IARC's plans for projections and modelling strategies regarding the impact of preventative strategies. Examples include the impact of pricing on tobacco policies and HPV vaccination.
- The SC encourages the coordination of IARC's activity with WHO cancer policies and publications. However, in this conversation, it needs to be considered that most cancer programme outcomes require follow-up much longer than a 2025 time frame. The SC strongly endorses IARC's role in defining and broadening the NCD strategy with respect to cancer.
- The SC strongly encourages the development of evidence and policy statements to address health behaviours, particularly addressing overweight and obesity, alcohol intake and physical exercise. The planned Handbook of Cancer Prevention will synthesize the evidence base and IARC is encouraged to foster its dissemination. The SC encourages IARC to participate in implementation research in this area.

- The SC reiterated the importance of IARC maintaining its independence as a key value. All projects continue to be closely vetted as to their impact on the reputation of IARC. The SC is aware that this can limit some of the scientists in being able to access funds.
- The SC encourages the ongoing collaboration with France as the host country at many levels.
- The mainstay of the MTS evaluation should continue to be peer review, as implemented through a variety of mechanisms including the SC review, the Section Reviews, grant reviews and publications. In addition, the impact on public health programmes and policies, capacity building in particular at the LMIC level should be documented. Measurable outcomes can supplement this (e.g. publications and downloads). It was emphasized that other less traditional methods of disseminating information should be evaluated, for example, the use of new methodologies developed by IARC or new datasets. The extent of collaboration and training that is undertaken or takes place as part of research activities is also important to capture. It was suggested that case studies could be used to illustrate some of these concepts.
- The SC supports the role of the Communications Group at IARC. Enhancing public understanding of the scientific message is recognized as being key to implementation of programmes.

66. The Scientific Council recommends that the Governing Council approves the IARC Medium-Term Strategy (MTS) for 2016–2020, as presented in Document SC/51/12 and its annexes.

### **PROPOSED PROGRAMME AND BUDGET (2016–2017)** (document SC/51/13)

67. Mr David Allen, Director of Administration and Finance presented this item and Ms Angkana Santhiprechachit (Administration and Finance Officer) responded on further details of the document.

68. The structure of the proposed IARC Programme and Budget 2016–2017 presents two important changes from previous versions:

- First, the various activities and outputs of the Agency are positioned within the 'Project Tree' (Information Table D) that was developed as a framework for IARC's overall objectives. The Project Tree provides a common structure linking the Programme and Budget documents, the IARC Medium-Term Strategy 2016–2020 (MTS) and the associated Implementation Plan.
- Second, the Programme and the Budget are now aligned in two year cycles.

69. Both of these changes were made to allow a clearer link between the Agency's scientific programme, resource allocation and overall strategy and priorities as approved by the Governing Council (Resolutions GC/55/R11 and GC/56/R15).

70. As with the proposed programme, the presentation of the proposed budget for the biennium 2016–2017 follows the structure set out in the newly introduced IARC Project Tree as presented in the MTS 2016–2020. The budgetary information is displayed according to the six main Level 2 objectives with further budget details at the Level 3 objectives in some tables.

This is a fundamental change from the presentation of the prior biennial budgets that were presented in three appropriation sections as illustrated below:

Presentation of proposed budget 2016–2017	Presentation of prior biennium budgets
1. Describe the occurrence of cancer 2. Understand the causes of cancer 3. Evaluate and implement cancer prevention and control strategies 4. Increase the capacity for cancer research 5. Provide strategic leadership and enhance the impact of the Agency's contribution to global cancer research 6. Enable and support the efficient conduct and coordination of research	Appropriation Section 1 – Governing and Scientific Councils  Appropriation Section 2 – Scientific Programme  Appropriation Section 3 – Administrative Programme

71. The 2016–2017 budget is proposed to be financed exclusively from the assessments on Participating States in order to discontinue reliance on the Governing Council Special Fund (GCSF) for the Agency's core budget. The overall level of the proposed budget is based on the approved budget figures for 2014–2015 supplemented with the full contributions from Brazil and Qatar and minimal increase from assessments on remaining Participating States. This budget level is necessary for the Agency to absorb the portion of budget previously funded from the GCSF and progress on priorities outlined in the MTS.

72. The budget level proposed for 2016–2017 is **€43 927 213**, €33 198 923 (75.58%) for staff budget and €10 728 290 (24.42%) for non-staff budget. This staff and non-staff budget distribution is similar to that of the 2014–2015 approved budget. More details are available in Summary Table C and Information Table F.

73. The Scientific Council made the following observations:
- Inflation devalues budgets over time and needs to continue to be incorporated into budget preparation. The Director reported on the various actions that have been taken by IARC to try and address this issue.
  - The SC endorsed the changes in the presentation and structure of the programme and budget and the alignment with the new IARC project tree.
  - The SC endorsed the proposed priority areas of investment.
  - The SC recommended financing the regular budget exclusively from assessments on Participating States and recommends that the Governing Council adopts the Proposed Programme and budget (2016–2017).

## **SCIENTIFIC REPORT OF THE SECTION OF INFECTIONS (INF) REVIEW AND DISCUSSION** (document SC/51/WP7)

74. The Scientific Report of the INF Review was presented by Dr Nicholas Jones, RP Chair.

75. The external advisors and Scientific Council members of the RP were thanked for their valuable contributions.

76. The RP noted the following concerning the INF Section:

### **Overall evaluation of INF**

The **past performance** and **future plans** are scored independently for **quality** and **relevance**, as follows:

#### **a. Assessment of INF's scientific quality**

##### **Past**

Forefront/outstanding (F/O)

##### **Future**

Forefront/outstanding (F/O)

The Review Panel was fully cognisant of the newly adopted scoring system and the rationale that the Scientific Council had in developing a system that allowed more granularity in its evaluation of independent programmes. The RP feel it is essential that scores given by this new system are not directly compared to scores with the old system. It is our belief that scores of Competitive (C) and above are truly internationally competitive and amongst the elite in their research fields. The final score reflects the view of the RP that the overall programme had a mixture of outstanding and forefront projects.

#### **b. Assessment of the relevance of INF's work to the mission of IARC**

This includes how well the proposed work benefits from IARC's unique position, how well it appears to fit with the IARC strategy and how it might impact on public health.

##### **Past**

Perfect fit

##### **Future**

Perfect fit

The combination of the discovery/mechanistic studies and the epidemiological studies we believe is a real strength of this Section and should be maintained. The Review Panel were convinced and impressed by the level of interaction and the synergy between ICB and ICE and were very encouraged by the progress that had been made in this regard over the last five years. Some very clear and exciting examples of interaction were given and it fully supports the future intention of INF to maintain this breadth of approach.

The Panel was also encouraged by the efforts of INF to interact with other sections in IARC which we judged to be strong although there are clear opportunities for these interactions to be extended further especially interactions between INF and EDP. It believes that INF fully justifies itself as a critical component of IARC's mission and the support it receives.

This programme will undoubtedly benefit public health through defining mechanisms of pathogen-induced cancers and implementing strategies to better prevent, diagnose and treat those cancers.

### **Overall recommendations for INF**

This programme deserves support at the highest level within IARC.

77. The overall recommendations for the INF Section were discussed and approved by SC.

78. A discussion took place on the pros and cons of animal facilities on site.

79. It was emphasized that the biostatistical strength is an important feature of IARC and that the Section has developed methodologies for many Sections of IARC and is leading the way. The SC encourages further development of this discipline into the work of IARC.

80. In response, the Director:

- Expressed his appreciation that the RP highlighted the quality of staff working in the Section and the interaction with other Sections.
- Reflected that the RP's comments highlighted to him that much of the molecular work of IARC is in fact descriptive work and consideration should be ensuring complementary expertise in cancer biology.
- Will give consideration to formalizing links with scientists in Lyon with access to animal facilities.

81. The Section and Group Heads thanked the RP for their input.

82. The Section of Infections (INF) Review Panel Report was formally accepted by the Scientific Council.

### **SCIENTIFIC REPORT OF THE SECTION OF MECHANISMS OF CARCINOGENESIS (MCA) REVIEW AND DISCUSSION** (document SC/51/WP8)

83. The Scientific Report of the MCA Review was presented by Dr T. Rajkumar, RP Chair.

84. The external advisors and Scientific Council members of the RP were thanked for their valuable contributions.

85. The RP noted the following concerning the MCA Section:

#### **Overall evaluation of MCA**

The **past performance** and **future plans** are scored independently for **quality** and **relevance**, as follows:

##### **a. Assessment of MCA's scientific quality**

**Past performance:** Competitive/Forefront (C/F)

**Future plans:** Competitive/Forefront (C/F)

## **b. Assessment of the relevance of MCA's work to the mission of IARC**

**Past:** Perfect fit

**Future:** Perfect fit

### **Overall recommendations for MCA**

General conclusions for MCA:

1. The MCA Section performs a variety of biomarker discovery projects. However, these projects should be followed-up long term, taking the identified biomarkers forward to other partners so that they can eventually be implemented in society. The RP advises that this aspect of biomarker development be strengthened.
2. Although serious efforts have taken place to fulfil the needs for bioinformatics support (training scientists and technicians, forming a group at IARC of bioinformaticians), the RP feels that bioinformatics support to the MCA Section should be extended. The RP advises the addition of a P-level bioinformatician that can serve both EGE and MMB.
3. Although the activities of both EGE and MMB have been focused considerably, the RP still feels that more focus on continuing research lines, instead of solitary projects, is desirable.
4. Both EGE and MMB publish well. However, the number of highest impact-factor papers that originates from MCA is limited. Focusing on research topics, building continuing research lines and more in depth analyses per project will increase the impact of the published papers and increase MCA's visibility.

The quality of the research represented in the poster presentations by the Postdocs and students was outstanding. In addition, the discussion with the Postdocs, students and the RP was very informative, useful and clarified some of the RP's questions.

86. The overall recommendations for MCA were discussed and approved by the SC. The SC welcomed the more focused direction in the Section, adding depth to its research.

87. In response, the Director:

- Stated that MMB is a new Group within the Section and that there has been a change in Section leadership. The Section has embraced the strategy of the Agency. This has led to a considerable change of direction in the work being undertaken. The Director is confident in the new leadership of the Section.
- Noted that the RP provided some very useful technical advice on the projects that is very welcome to the scientists.
- Acknowledged the increasing requirement for bioinformatics capacity in this and indeed many other Sections.
- Noted the potential wider implications of the biomarker programme, though the Section is focused on measuring exposure in the epidemiological context.

88. The Section and Group Heads thanked the RP for their input.

89. The Section of Mechanisms of Carcinogenesis (MCA) Review Panel Report was formally accepted by the Scientific Council.

## **ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON FOR THE 52<sup>nd</sup> SESSION OF THE SCIENTIFIC COUNCIL IN 2016**

90. Professor Jim Bishop was elected Chairperson.
91. Professor Ellen Kampman was elected Vice-Chairperson.

## **DATE OF NEXT SESSION**

92. Wednesday 27, Thursday 28 and Friday 29 January 2016. The GEN Review Panel will take place on Monday 25 and Tuesday 26 January 2016.

## **ADOPTION OF THE SCIENTIFIC COUNCIL REPORT (Document SC/51/14)**

93. **The report of the Fifty-first Session of the Scientific Council was adopted.**

## **CLOSURE OF SESSION**

94. The customary expressions of thanks were exchanged.
95. Dr Wild thanked the outgoing members of the Scientific Council, Drs Paul Dickman (Sweden), Luca Gianni (Italy), Inger Gram (Norway), Murat Gültekin (Turkey), In-Hoo Kim (Republic of Korea), Deirdre Murray (Ireland), Thangarajan Rajkumar (India), Sergei Tjulandin (Russian Federation) and Neli Ulrich (Germany).



## ANNEX 1

### STATEMENT FOR THE DECLARATION OF INTERESTS

Declarations of interest were provided by all Scientific Council members.

Interests were declared by a minority of Council members and include:

- ✓ Research funding from and consultancy for commercial entities;
- ✓ Provision of legal expert opinion;
- ✓ Commercial interest in private companies.

The list of declared interests was made available upon request, from the Chair and the Vice-Chair, for consultation during the meeting.

Upon review by the Secretariat none of the declared interests were considered to represent a potential or clear conflict of interest with respect to the content of the meeting.

The individuals reporting interests were asked to check the contents of the table below, which they all subsequently approved.

<b>Scientific Council member</b>	<b>Declared interest(s)</b>
Luca Gianni	Advisory Board member of various commercial entities; Committee member on a study by Sanofi Aventis
Cornelia Ulrich	Honoraria received from commercial entities for two meetings (approx. 3500€/year)
Elisabete Weiderpass Vainio	Dr Weiderpass-Vainio's husband is Vice-Chairman of the Board of Directors of Alko Inc., a limited company owned by the Government of Finland

## ANNEX 2

### Sections and Groups

<b>Acronym</b>	<b>Full name of Section/Group</b>	<b>Responsible Officers</b>
<b>CSU</b>	<b>Section of CANCER SURVEILLANCE</b>	<b>Dr F. Bray</b>
<b>EDP</b>	<b>Section of EARLY DETECTION AND PREVENTION</b>	<b>Dr R. Sankaranarayanan</b>
<b>PRI</b>	Prevention and Implementation Group	Dr R. Herrero
<b>QAS</b>	Quality Assurance Group	Dr L. Von Karsa
<b>SCR</b>	Screening Group	Dr Sankaranarayanan
<b>ENV</b>	<b>Section of ENVIRONMENT AND RADIATION</b>	<b>Dr J. Schüz</b> Deputy: Dr A. Kesminiene
<b>GEN</b>	<b>Section of GENETICS</b>	<b>Dr P. Brennan</b>
<b>BST</b>	Biostatistics Group	Dr G. Byrnes
<b>GCS</b>	Genetic Cancer Susceptibility Group	Dr J. McKay
<b>GEP</b>	Genetic Epidemiology Group	Dr P. Brennan
<b>IMO</b>	<b>Section of IARC MONOGRAPHS</b>	<b>Dr K. Straif</b> Deputy: Dr D. Loomis
<b>INF</b>	<b>Section of INFECTIONS</b>	<b>Dr M. Tommasino</b>
<b>ICB</b>	Infections and Cancer Biology Group	Dr M. Tommasino
<b>ICE</b>	Infections and Cancer Epidemiology Group	Dr S. Franceschi
<b>MCA</b>	<b>Section of MECHANISMS OF CARCINOGENESIS</b>	<b>Dr Z. Herceg</b>
<b>EGE</b>	Epigenetics Group	Dr Z. Herceg
<b>MMB</b>	Molecular Mechanisms and Biomarkers Group	Dr J. Zavadil
<b>MPA</b>	<b>Section of MOLECULAR PATHOLOGY</b>	<b>Dr H. Ohgaki</b>
<b>NME</b>	<b>Section of NUTRITION AND METABOLISM</b>	<b>Dr I. Romieu</b>
<b>BMA</b>	Biomarkers Group	Dr A. Scalbert
<b>DEX</b>	Dietary Exposure Assessment Group	Dr N. Slimani
<b>NEP</b>	Nutritional Epidemiology Group	Dr I. Romieu