

International Agency for Research on Cancer



**Governing Council
Fifty-seventh Session**

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Auditorium*

MINUTES OF THE FIRST MEETING

IARC, Lyon

Wednesday, 13 May 2015, at 09:15

Chairperson: Dr Mark Palmer (United Kingdom of Great Britain and Northern Ireland)

Secretary: Dr Christopher P. Wild, Director, IARC

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Participating State Representatives

Dr Mark PALMER, <i>Chairperson</i>	United Kingdom of Great Britain and Northern Ireland
Dr Adam BABBS	
Professor Agnès BUZYN, <i>Vice-Chairperson</i>	France
Mr Jean-Baptiste ROUFFET	
Dr Stephen M. ROBBINS	Canada
Ms Lucero HERNANDEZ, <i>Rapporteur</i>	
Professor Christopher BAGGOLEY	Australia
Dr Britta KUNERT	Austria
Mr Lieven DE RAEDT	Belgium
Dr Luiz Antonio SANTINI (<i>unable to attend</i>)	Brazil
Professor Mads MELBYE	Denmark
Professor Juhani ESKOLA	Finland
Professor Eero PUKKALA	
Dr Chariklia BALAS (<i>unable to attend</i>)	Germany
Dr Jagdish PRASAD	India
Mr Keith COMISKEY	Ireland
Professor Walter RICCIARDI (<i>unable to attend</i>)	Italy
Dr Filippo BELARDELLI	
Dr Eiji HINOSHITA	Japan
Dr Rachid BEKKALI	Morocco
Dr Latifa BELAKHEL	
Dr Marianne DONKER	Netherlands
Mr Marc FAKKEL	
Dr Edgar RIVEDAL	Norway
Dr Karianne SOLAAS	
Dr FALEH Mohammed Hussain Ali	Qatar
Dr Eui-Jun PARK	Republic of Korea
Dr Dukhyoung LEE	
Dr Svetlana AXELROD	Russian Federation
Ms Lidia GABUNIYA	
Dr Olga KOVALEVA	
Dr Andrey KAPRIN	
Dr Rafael DE ANDRÉS MEDINA	Spain

Professor Mats ULFENDAHL	Sweden
Dr Karin SCHMEKEL (<i>unable to attend</i>)	
Dr Diane STEBER-BÜCHLI	Switzerland
Professor Abdullah Murat TUNCER	Turkey
Dr Lisa STEVENS	United States of America
Ms Mary Blanca RIOS	
Dr Mona SARAIYA	

World Health Organization

Dr Oleg CHESTNOV, Assistant Director-General, Noncommunicable Diseases and Mental Health
Ms Joanne MCKEOUGH, Office of the Legal Counsel
Dr Andreas ULLRICH, Senior Adviser to ADG/NMH, IARC Liaison Officer

Observers

Professor Cornelia ULRICH, Outgoing Chairperson, Scientific Council
Professor James F. BISHOP, Incoming Chairperson, Scientific Council
Professor Béatrice FERVERS, Chair, IARC Ethics Committee
Mr Cary ADAMS, Chief Executive Officer, Union for International Cancer Control (UICC)

External Audit

Mr Lito Q. MARTIN, Commission on Audit, Philippines (*unable to attend*)

Mexico

Dr Alejandro MOHAR BETANCOURT (*unable to attend*)

Secretariat

Dr C.P. WILD, *Secretary*
Mr D. ALLEN
Ms A. BERGER
Dr F. BRAY
Dr P. BRENNAN
Dr G. BYRNES
Ms D. D'AMICO
Mr P. DAMIECKI
Dr S. FRANCESCHI
Ms E. FRANÇON

Dr N. GAUDIN
Dr Z. HERCEG
Dr R. HERRERO
Dr A. KESMINIENE
Dr D. LOOMIS
Dr J. MCKAY
Dr M. MENDY
Dr R. NJIE
Dr H. OHGAKI
Dr I. ROMIEU

Dr R. SANKARANARAYANAN
Ms A. SANTHIPRECHACHIT
Dr A. SCALBERT
Dr J. SCHÜZ
Dr N. SLIMANI
Dr K. STRAIF
Dr M. TOMMASINO
Dr J. ZAVADIL

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The CHAIRPERSON declared open the Fifty-seventh Session of the Governing Council and welcomed participants, including Professor Ulrich, the outgoing Chairperson of the Scientific Council, Professor Bishop, the incoming Chairperson, Dr Chestnov, the representative of the WHO Director-General, and Professor Fervers, Chairperson, IARC Ethics Committee.

The SECRETARY likewise welcomed participants. The Agency would be celebrating the 50th anniversary of its foundation on 15 May, immediately after the current session, with a ceremony at Lyon City Hall. A commemorative book, entitled *IARC: the first 50 years*, had been published to mark the occasion.

2. ELECTION OF RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Professor ULFENDAHL (Sweden), Ms Hernandez (Canada) was elected Rapporteur, the proposal being seconded by Mr DE RAEDT (Belgium).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Document GC/57/1 (Prov.) Rev.1)

The agenda was **adopted**.

4. ADMISSION OF A NEW PARTICIPATING STATE – MOROCCO: Item 4 of the Agenda (Document GC/57/19)

Professor BAGGOLEY (Australia), speaking in his capacity as Chairperson of the Subcommittee on the Admission of New Participating States, said that the Subcommittee, meeting via teleconference on 7 May 2015, had agreed that Morocco should be admitted as a Participating State of the Agency.

Dr KUNERT (Austria), while welcoming the admission of Morocco, said that the contributions paid by new Participating States should be used to reduce those of existing Participating States.

Mr ALLEN (Director of Administration and Finance) said that the admission of new Participating States was not intended either to increase or to decrease the contributions of the other Participating States.

Dr HINOSHITA (Japan) supported the proposal to admit Morocco to the Agency.

The RAPPORTEUR read out the following draft resolution entitled “Admission of a Participating State – Morocco” (GC/57/R1):

The Governing Council,

Having examined the request from the Government of Morocco for admission as a Participating State in the International Agency for Research on Cancer (Document GC/57/19),

1. DECIDES pursuant to Article XII of the Statute of the Agency, that Morocco be admitted as a Participating State in the Agency; and
2. EXPRESSES great satisfaction at the admission of this new Participating State.

The resolution was **adopted**.

Dr Bekkali (Morocco) took his seat at the Governing Council table.

Dr BEKKALI (Morocco) said that his country was very pleased to join the Agency and would encourage other African countries to do the same.

The CHAIRPERSON welcomed Morocco, the first African Participating State of the Agency.

5. ADDRESS BY THE DIRECTOR-GENERAL, WHO: Item 5 of the Agenda

The Governing Council watched a video message recorded by Dr Margaret Chan, Director-General of WHO, who was unable to attend the meeting in person. Dr Chan congratulated the Agency on its 50th anniversary. IARC was the only cancer research agency to concentrate so closely on prevention and on the developing world: recent achievements included the discovery that fewer doses of cervical cancer vaccine were required to achieve a protective effect. The Agency’s work on the causes of cancer had led to changes in national standards regulating exposure to carcinogens in the environment, much to the fury of powerful economic operators, including the tobacco industry. It had contributed scientific evidence to support major policy documents such as the WHO Global Action Plan¹ for the Prevention and Control of NCDs 2013–2020 and the Political Declaration² of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. She wished the Governing Council every success in its deliberations.

¹ http://www.who.int/nmh/events/ncd_action_plan/en/

² http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

Dr CHESTNOV (Assistant Director-General, Noncommunicable Diseases and Mental Health (NMF), WHO) congratulated the Agency on its 50th anniversary and welcomed Morocco as a Participating State. He paid tribute to IARC's strategically oriented research and worldwide network of research partners, which stimulated change, enhanced international cooperation and provided evidence to help governments to face the increasing burden of cancer. The Agency would make an invaluable contribution to the third United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in 2018 by assessing Member States' cancer burden and updating the existing evidence about cancer prevention strategies. Its ambitious research agenda, and particularly its recent expansion into implementation research, would support WHO in global policy development in cancer prevention and early detection, particularly now that it had recruited more Participating States from low- and middle-income countries. The Global Initiative for Cancer Registry Development¹ showed that cancer registration was feasible even in low-income settings. He declared himself privileged to work with IARC, and thanked Participating States for their strong and constant support.

The CHAIRPERSON thanked Dr Chestnov for his presentation.

6. PRESENTATION AND DISCUSSION OF THE INTERIM ANNUAL REPORT 2014 FOLLOWED BY DIRECTOR'S REPORT: Item 6 of the Agenda (Documents GC/57/2 and GC/57/3)

The SECRETARY, illustrating his remarks with slides, introduced the Interim Annual Report 2014 (document GC/57/2), concentrating on the scientific work of the Agency. In the area of cancer surveillance, he drew attention to a comparison of cancer incidence profiles in indigenous populations in Australia, New Zealand, Canada and the United States of America, which showed that preventable cancers, such as lung and cervical cancer, were much more common in the indigenous than in the non-indigenous population. The Global Initiative for Cancer Registry Development (GICR) would, he hoped, accelerate the creation of cancer registries throughout the world by means of its regional hubs and centres of excellence. Over the past year, site visits had been conducted at nine cancer registries, and 11 regional courses had taken place in, among other countries, El Salvador, Kazakhstan (in Russian), Mozambique (in Portuguese), Myanmar and Uganda. IARC Technical Publication No. 43, *Planning and developing population-based cancer registration in low- and middle-income settings*², was available free of charge on the IARC website in English, French and Spanish. The aim was to establish a good working relationship with the registries and help them to improve the quality and coverage of their data. The Global Initiative was still seeking a major source of funding.

Two publications in the WHO Classification of Tumours ("Blue Books") series had appeared over the year, dealing respectively with tumours of the lung, pleura, thymus and heart and tumours of the female reproductive organs. The first print run of the latter, amounting to 10 000 copies, had sold out by February 2015. Two new Monographs (Vols. 110 and 111) had also been

¹ <http://gicr.iarc.fr/>

² <http://www.iarc.fr/en/publications/pdfs-online/treport-pub/treport-pub43/index.php>

published, featuring the first evaluation of carbon nanotubes and classifying 1,2-dichloropropane, as well as fluoro-edenite fibrous amphibole, as carcinogenic to humans.

An article published in *Lancet Oncology* in 2014 showed that 3.6% of all new cancers were associated with excess body mass index (BMI) and calculated the number of cancers which could have been avoided if the study population had maintained the BMI typical for 1982. Similar research was planned to show the cancer burden attributable to other common noncommunicable disease risk factors, such as alcohol and tobacco use.

The Agency constantly sought to apply advances in laboratory science to increase knowledge about the causes and prevention of cancer. The PRECAMA study, a case-control study on the causes and prevention of breast cancer in premenopausal women in Latin America, had detected changes in genes frequently associated with breast cancer and compared the results with existing data, mostly from high-income countries, taking environmental and lifestyle factors into account.

He gave details of Agency research on the prevalence of human papillomavirus (HPV) among women in Bhutan, which justified the Government's decision to introduce a vaccination programme, and an update on the research in India into the number of HPV vaccine doses required, which indicated that one or two doses were sufficient, rather than the currently recommended three doses. Over 800 young women had been followed up, 18 months after their marriage or six months after the birth of their first child, and no persistent HPV infection had been detected, irrespective of the number of doses of vaccine.

The Agency had worked with a number of national institutions to add a research component to their programmes. For instance, in a cluster-randomized trial in Jujuy province, Argentina, 86% of women offered the opportunity to collect their own HPV test sample had taken the test within six months, compared with 20% of the sample offered a clinic visit to have the sample taken by a health worker. Four times more women in the intervention group went on to receive treatment.

Finally, a study of 1200 women in Soweto, South Africa, had shown that a more advanced stage of breast cancer at diagnosis was correlated with a greater distance between the place of residence and the hospital, while other factors, such as the woman's HIV status, were not significant. Such research showed the possible practical applications of the research results.

Replying to questions from Dr ROBBINS (Canada), he said that the Agency currently had no systematic way of measuring the time taken for research results to be translated into policy. The WHO guidelines on cervical cancer screening had been changed in response to the Agency's research on the number of doses of vaccine required for effective protection, and national policies had been changed very quickly following the publication of advance results from the Monograph meeting which had declared the commonly used weedkiller glyphosate to be probably carcinogenic to humans (Vol. 112, in press¹). The EPIC study paid some attention to dietary factors, especially intake of trans fatty acids, in weight change.

¹ <http://www.iarc.fr/en/media-centre/iarcnews/pdf/MonographVolume112.pdf>

Dr CHESTNOV (Assistant Director-General, NMH, WHO) asked how the Agency decided on its research priorities and how it felt its work could contribute most effectively to the work of WHO.

The SECRETARY said that the Agency's priorities were laid out in the draft medium-term strategy, focusing on the causes and prevention of cancer, the implementation of prevention measures and the training required for those functions. Its research was influenced, but not defined, by the WHO noncommunicable disease agenda, although it did coordinate its procedures, for example the timing and selection of subjects for Monograph meetings, with the WHO agenda as far as possible. It did not seek to conduct research in all countries, but rather to choose the best collaborators for its research priorities, on the grounds that the results would also be applicable in other countries. The research tools it had developed, such as the EPIC dietary surveillance tools, could be passed on to Member States for their reporting under the WHO Global Monitoring Framework¹ and targets for the prevention and control of noncommunicable diseases.

Replying to a question from Dr BELARDELLI (Italy), he said that the Agency's basic research, while not always directly applicable in cancer prevention, could provide valuable insights and create tools which could benefit prevention efforts in the future. For instance, the evidence on dietary biomarkers derived from the EPIC study provided a reliable measure of exposure which would help to show the factors underlying cancer risk.

Dr STEVENS (United States of America) welcomed the Agency's increased focus on implementation research, as in the South African and PRECAMA studies, and its excellent publications.

Professor BAGGOLEY (Australia) said that his Government had been quick to change its policy in response to recent research on HPV: the change from two-yearly Pap testing to five-yearly HPV testing for women aged between 25 and 70 years would take effect in 2017. Boys as well as girls were offered HPV vaccination, and no excessive concerns about adverse effects had been recorded. The results of the Argentine study described by the Secretary, showing one way to increase take-up of HPV testing, would doubtless also influence Australian policy, since approximately 80% of cervical cancer cases in Australia occurred in women who had been underscreened or not screened at all.

¹ http://www.who.int/nmh/global_monitoring_framework/en/

Mr ADAMS (Observer, International Union for Cancer Control (UICC)) urged the Agency to do more to drive and inform the noncommunicable disease agenda. It might, for instance, contribute a paper on the research the Secretary had just described for consideration at the third United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases, scheduled for 2018¹.

Mr DE RAEDT (Belgium) said that, while the Agency did not have the capacity to participate directly in national cancer research programmes, it could show leadership and indicate research priorities for the cancer research community worldwide. One valuable area of research would be the implications of cuts in national research budgets as a result of the global financial crisis: in his own country, it appeared that funds were being assigned to pharmaceutical companies for research into new treatments, but were not being allocated to prevention.

The SECRETARY said that the Governing and Scientific Councils had made clear the Agency's responsibility to contribute to the global cancer research agenda. IARC concentrated on prevention research, which was less well covered by national research programmes, identified research priorities for national programmes and ensured that issues relevant to cancer were duly reflected in wider WHO policy, in addition to issues such as diet and alcohol and tobacco use which applied to all noncommunicable diseases.

Professor MELBYE (Denmark) drew attention to a new institution, the Center for Disease Control in Africa (CdcAfrica),² which might usefully complement the work of the GICR.

Dr BRAY (Head, Section of Cancer Surveillance (CSU)) said that no links had yet been established with CdcAfrica. A regional meeting was due to take place in Morocco later in the year, when the Agency hoped to make contact with various regional institutions.

Professor BUZYN (France), Vice-Chairperson, noted the importance of the Agency's work on rarer cancers, including those affecting children, which made it possible to bring together a sufficiently large cohort from many countries to enable meaningful research to be undertaken. She commended the Monograph programme, but called for major findings, such as the classification of a new carcinogen, to be communicated to ministries of health before they were made public, to enable the latter to prepare for the inevitable media attention.

¹ <http://www.who.int/nmh/events/2015/getting-to-2018/en/>

² <http://www.cdcafrica.com/index.html> (accessed 12 June 2015).

The SECRETARY said that the Agency would participate in a side event on childhood cancer¹ at the forthcoming session of the World Health Assembly. It was also working to bring together agencies which funded research into childhood cancers, which were often small national charitable foundations. Monograph meetings were publicized and relevant national authorities were notified well in advance of the meeting. The Agency was adapting its practices to deal with sudden and intensive media interest.

The RAPPORTEUR read out the following draft resolution on the IARC Interim Annual Report 2014 (GC/57/R2):

The Governing Council,

Having reviewed the IARC Interim Annual Report for 2014 (Document GC/57/2),

1. EXPRESSES its satisfaction with the work accomplished; and
2. COMMENDS the Director and his staff on the Interim Annual Report 2014.

The resolution was **adopted**.

The SECRETARY, illustrating his remarks with slides, introduced the Director's Report 2014 (document GC/57/3), dealing with management issues. One major task during the year had been the preparation of the draft medium-term strategy, with the associated project tree and proposed programme and budget for the biennium 2016–2017, which were intended to show more clearly the links between the proposed activities and the way in which they would be financed.

Two major publications during the year, the *World cancer report 2014* and *IARC: the first 50 years*, described the strong principles and values underlying the Agency's work, but also its capacity to adapt to the changing cancer situation. The international scientific conference which would take place in June 2016 as part of the 50th anniversary celebrations² would help to define the future research agenda. The "50 for 50" initiative aimed to prepare 50 future leaders in cancer research from 50 developing countries through leadership training and networking.

The Agency had established closer links with regional cancer networks, including the Latin American National Cancer Institutes Network (RINC) and the Gulf Centre for Cancer Control and Prevention, and with national centres including the Lalla Salma Foundation against Cancer, Morocco. The new contacts had increased IARC's global visibility but, of course, also the number of requests for assistance. The new fourth edition of the European Code against Cancer, aimed at both medical professionals and the general public, was now available on the IARC website.³

¹ http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_JourP-en.pdf

² <http://www.iarc-conference2016.com/index.php?langue=en&onglet=14&acces=&idUser=&emailUser=>

³ <http://cancer-code-europe.iarc.fr/index.php/en/> (accessed 12 June 2015).

A short video was shown describing the ESTAMPA study in Latin America, which sought to establish the most effective strategy for HPV screening and triage.

The Handbooks of Cancer Prevention series had been relaunched with the support of the French National Cancer Research Institute (INCa). The first publication in the new series, Volume 15, was an update on breast cancer screening. Future volumes on weight control, physical activity and prostate cancer screening were planned, subject to the availability of extrabudgetary funding. He gave details of the Agency's rankings in the "SCImago Institution Rankings" (see document GC/57/3, paras. 28–30) and the "Mapping Scientific Excellence" (para. 31), which showed a consistently competitive and high-quality publications record. Visitors to the IARC website had been primarily interested in the Monographs, the GLOBOCAN database and the *World cancer report 2014*. Sales and revenue from publications, primarily the Blue Books series, had remained constant.

He gave details of the respective proportions of regular-budget and extrabudgetary funding in the Agency's budget (see document GC/57/3, paras. 43–50). The number of contracts for extrabudgetary funding had increased, but the value attributable to IARC had fallen sharply in 2014, owing mainly to changes in European Union funding arrangements. The proportion of the budget for scientific activities obtained from voluntary contributions had remained constant at approximately 40%.

Two senior appointments had been made to the Section of Early Detection and Prevention: Dr Raul Murillo Moreno of Colombia had taken up the new post of Implementation Scientist and Dr Partha Basu of India had joined as a Medical Officer. Only three senior scientists had left IARC between 2012–2014, all due to retirement. Overall, recruitment and retention of staff was now less of a problem than it had been six years ago. The number of postdoctoral fellowships had increased thanks to funding from the European Union Marie Skłodowska-Curie Actions programme. Nine research groups had been restructured, and the Quality Assurance Group in the Section of Early Detection and Prevention had been closed down to allow the two remaining groups to be strengthened.

Replying to a point raised by Dr DONKER (Netherlands), he said that, while it would be very useful to know more about the practical impact of the Agency's work, for instance whether countries used the Monographs, Blue Books or GLOBOCAN data for cancer policy and regulation, it was difficult to define reliable key performance indicators to measure achievement in those areas. The Agency already asked Participating States for relevant information and monitored traffic on its website, but any further ideas would be very welcome. Replying to a point raised by Dr AXELROD (Russian Federation), he said that the Agency hoped to arrange a visit soon to the WHO Collaborating Centre on Development and Implementation of Noncommunicable Disease Prevention Policy and Programs in Moscow, and would continue to provide training and materials in Russian as far as the available resources permitted.

Replying to a point raised by Dr ROBBINS (Canada), he said that, if the current decline in extrabudgetary funding became a lasting trend, other sources of funding must be found. It would be possible, for example, to admit more Participating States, ask the existing Participating States to increase their contributions, or seek bilateral funding, although the latter

would have to be for activities already agreed by the Governing Council in the medium-term strategy. It would also be possible to seek more grant funding, although the Agency was restricted mainly to applying to international funders, such as the European Union, and to the host country, France, so as not to divert funding from national cancer research agencies.

Dr RIVEDAL (Norway) said that governments also had a responsibility to ensure that their work with IARC was productive. After lengthy negotiations within the Government and with the Agency, his Ministry of Education and Research had just agreed to fund a bilateral postdoctoral fellowship.

The RAPPORTEUR read out the following draft resolution on the Director's Report (GC/57/R3):

The Governing Council,

Having reviewed the Director's Report (Document GC/57/3),

1. THANKS the Director for the Report and the Key Performance Indicators provided therein;
2. REQUESTS the Director to continue this standard reporting on an annual basis; and
3. EXPRESSES its satisfaction with the Director's written and oral Reports.

The resolution was **adopted**.

7. REPORT OF THE FIFTY-FIRST SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda (Document GC/57/4)

8. DIRECTOR'S RESPONSE TO RECOMMENDATIONS FROM THE FIFTY-FIRST SESSION OF THE SCIENTIFIC COUNCIL: Item 8 of the Agenda (Document GC/57/5)

Professor ULRICH (Outgoing Chairperson, Scientific Council) introduced the report of the Scientific Council on its Fifty-first session, held in Lyon from 28 to 30 January 2015 (see document GC/57/4). General issues considered by the Council included the Director's proposal that the interim annual report to the Governing Council should be discontinued. The full biennial report would still be produced every two years. A Working Group, consisting of Professor James Bishop and Professor Elisabete Weiderpass-Vainio of the Scientific Council, plus the Chairperson of the Governing Council, had been set up to review all the standard reports currently issued by the administration.

The Council had reviewed the future plans for the Gambia Hepatitis Intervention Study (GHIS). It had also reviewed the Education and Training Group, and had suggested that the Group's biennial reports should be aligned with those of the Agency as a whole, i.e. that the next biennial report should cover the period 2016–2017.

The Council had reviewed the six-point scoring system introduced for reviews in 2014 and 2015, and recommended that it should be maintained. More detailed guidelines on the review process

and greater consideration of the educational and collaborative aspects and public health impact of Agency activities were required.

Turning to the issue of open-access publishing, she noted the Council's recommendation of a nuanced approach, identifying a certain number of scientific papers for wide distribution. The Council had endorsed the Director's suggestion that approximately 20 such articles should be published annually over the next three years, with financing from the Governing Council Special Fund if no alternative source of financing could be found.

The Council had endorsed the proposed medium-term strategy, commending in particular the increase in the budget allocated to cancer prevention and control and encouraging the Agency to invest in state-of-the-art biobanking technology. The Scientific Council believed that peer review should continue to be the main mechanism for review of the medium-term strategy, in the form of its own reviews, section reviews, grant reviews and publications. More should be done to document the public health impact of the Agency's work and the effectiveness of new methods of disseminating information such as new methodologies or datasets. Collaboration and training should also be evaluated.

Turning to the proposed programme and budget, she said that the Scientific Council had endorsed the changes in the structure of the new two-year cycle for the programme and budget, which are consistent with the new project tree.

Finally, she reported on the review of the scientific reports of the Section of Infections and Section of Mechanisms of Carcinogenesis. For the latter, the Scientific Council had recommended that biomarker discovery projects should be followed up more intensively with outside partners in order to increase their ultimate usefulness to society as a whole. It had further recommended the appointment of a professional-grade bioinformatician. The new Chairperson of the Scientific Council would be Professor James Bishop of Australia, and the new Vice-Chairperson Professor Ellen Kampman of the Netherlands.

The SECRETARY, responding to the recommendations of the Scientific Council on issues not otherwise covered in the agenda of the current meeting, noted that the proposed programme budget did include provision for a professional-grade hepatologist in GHIS. The proposed budget provided for one bioinformatician post in the Section of Mechanisms of Carcinogenesis. New guidelines for the peer review process were currently in preparation and would include assessments of the Agency's performance in training and collaboration. The section reviews had shown up the need for greater access to animal model facilities, and the Agency was currently negotiating with local partners in Lyon. The proposed changes to the standard reporting system had been prompted by the Scientific Council's view that the reports concerned did not provide enough scope for scientific discussion and by the high cost of preparation, editing and translation.

The meeting rose at 13:05.