



## **DIRECTOR'S REPORT**

1. This Director's Report covers the period since the 58<sup>th</sup> Session of the Governing Council, and includes data on the Key Performance Indicators for the calendar year 2016. The Report will be complemented by an oral presentation, which will also include major scientific highlights.

### **Highlight Events**

2. The main highlight over the past year was undoubtedly the organization of the international conference on "Global Cancer: Occurrence, Causes, and Avenues to Prevention" as part of the initiatives to mark the Agency's 50<sup>th</sup> anniversary. The conference took place from 7–10 June 2016 in Lyon, France, and was attended by nearly 1000 scientists from more than 80 different countries; the number far exceeded the original goal of 400 scientists expected to register.

3. The major themes of the conference were structured around the three core areas of IARC's activity, featuring keynote lectures from a panel of leading international cancer researchers, as well as a number of smaller themed workshops and symposia. The programme also included debates on controversial issues, together with "big picture" lectures on cancer, science, and society, and a well-attended pre-conference meeting aimed at the general public organized in partnership with the Cancéropole Lyon-Auvergne-Rhône Alpes (CLARA), the French National Cancer Institute and the Centre Léon Bérard on the theme "Avancer contre le cancer".

4. A parallel programme dedicated to fostering the development of the next generation of cancer research leaders from low-and middle-income countries (LMICs), the IARC "50 for 50" initiative, was also integrated in the conference (see below under Education and Training). The Conference stimulated a number of satellite meetings on the following topics: Implementation Science in Cancer Prevention and Control (20 participants); Scientific Symposium Chernobyl: 30 Years After (62 participants); Epigenetics and Environmental Origins of Cancer (140 participants); Joint Annual Meeting of Lung Cancer Consortia (ILCCO/TRICL/LC3 – 63 participants); 4<sup>th</sup> Workshop on Emerging Issues in Oncogenic Virus Research (organized in San Pietro in Bevagna, Manduria, Italy – 120 participants).

5. The conference was a resounding success, reinforcing the reputation of the Agency for high-quality science and excellent international collaborations. The conference offered another occasion for IARC to use its position to shape the international cancer research agenda. More specifically, it was a fitting celebration of IARC's unique contribution to the state of knowledge on cancer

prevention, offering an opportunity to discuss key priorities and opportunities for future research and for bridging cancer research through to cancer control and policy.

6. The success of the conference and of the "50 for 50" initiative was only possible because of the generous support of many donors, including a number of IARC Participating States, which enabled the conference to be held with no private sector funding.

7. The quality of the scientific research carried out at IARC was highlighted by a series of awards attributed to senior Agency staff during the year, recognizing their outstanding contributions to cancer research: Dr Kurt Straif, Head of the IMO Section, was one of 12 recipients of the first-ever Champion of Environmental Health Research Award presented by the United States National Institute of Environmental Health Sciences (NIEHS), to recognize outstanding researchers, leaders, and communicators who have contributed to the NIEHS mission; Dr Paul Brennan, Head of the GEN Section, was awarded the 2016 Burkitt Medal and presented the Burkitt Lecture, on "Cancer Prevention: from Denis Burkitt to the Human Genome Project" at the 2016 International Cancer Conference, held at Trinity College Dublin, Ireland; Dr Silvia Franceschi, Special Advisor on Noncommunicable Diseases and Head of the ICE Group, was the 2017 recipient of the Rosalind E. Franklin Award from the US National Cancer Institute, to honour the contribution of women to cancer research.

8. The 4<sup>th</sup> annual IARC Cancer and Society lecture, marking World Cancer Day, was given by Ms Karin Holm, founder and President of the Swiss non-profit association Patient Advocates for Cancer Research and Treatment (PACRT). The lecture, entitled "Patient Power for Better Research: I Can, We Can", explored ways in which cancer research can be enhanced by closer collaboration with patient groups, by reflecting the interests and wishes of patients, and reciprocally, how cancer patients can better appreciate research findings on cancer causes and prevention so that the information can be better disseminated and utilized in the patient advocacy arena.

### **Strategic Partnerships**

9. The Agency continues to actively pursue the expansion of membership to other WHO Member States. In this regard over the last year the Director and senior Agency staff maintained high-level contacts with governments from selected countries. The Director had direct discussions with the Ministers of Health of Nigeria and Poland, and with senior officials in the Health Ministries of the People's Republic of China, the State of Kuwait, Malaysia and Portugal. These meetings provided the opportunity to highlight the growing burden of cancer in their regions, to situate the Agency's research and other activities in that context and to explore cooperation with the countries concerned.

10. The Director gave a key note address to the World Cancer Leader's Summit, organized by the Union for International Cancer Control (UICC), on 31 October in Paris with the title of: "Positioning cancer in the global health agenda". This presentation was made to 300 global health leaders from more than 60 countries and included HRH Princess Lalla Salma from Morocco, HRH Princess Dina Mired from Jordan, the First Ladies of Burkina Faso, Niger and Congo and a number of Ministers of Health, thus providing an opportunity to highlight the specific needs for increased action on cancer control across the world in the coming years.

11. IARC and the Menzies School of Health Research (Darwin, Australia) jointly organized the first "World Indigenous Cancer Conference" which took place in Brisbane, in April 2016. This was the first conference specifically dedicated to research on the burden of cancer in Indigenous populations. This is an issue of major public health importance in many countries where cultural and socio-economic disparities result in different cancer patterns in Indigenous populations and reduced access to early treatment, contributing to the lower life expectancies experienced by many Indigenous peoples around the world.

12. During the same visit the Director attended the 8<sup>th</sup> General Assembly of the Asian Pacific Organization for Cancer Prevention (APOCP) and the associated first Asia-Pacific Cancer Leaders' Summit, which took place in Brisbane, supported by the UICC. These meetings provided an opportunity for identifying common priorities in the Asia-Pacific region, and for placing the Agency at the heart of regional initiatives for cancer research supporting the implementation of programmes for cancer prevention and control.

13. A high-level delegation from the Ministry of Health and Welfare of the Republic of Korea, led by the Deputy Minister for Healthcare Policy, Dr Ganglip Kim, accompanied by Dr Dukhyoung Lee, member of the Scientific Council and Director of the National Cancer Control Institute, were received by the Director in January 2017 in order to discuss collaborative research projects. In parallel, IARC and the National Cancer Centre, Republic of Korea, concluded the review and update of the Memorandum of Understanding between the two institutions.

14. The Director hosted the visits of representatives from two Japanese universities, Chiba University and Nagoya City University, to discuss the strengthening of collaborations. The first visit led to the signature of a Memorandum of Agreement between IARC and the Centre for Preventive Medical Services at Chiba University, for collaborations on early life exposures in a large-scale birth cohort.

15. In collaboration with the CLARA, IARC co-organized a session on "Cancer Prevention – Challenges and Opportunities" during the 11<sup>th</sup> edition of BIOVISION, an international Life Sciences Forum organized annually in Lyon'.

16. The Agency continued to develop the Cancer Prevention Europe initiative through the establishment of a consortium agreement across a number of major European research organizations that have a focus on cancer prevention. The Agency was asked to provide the Secretariat to this initiative which aims to develop a strong rationale for cancer prevention research in Europe in the coming years.

### **International ranking**

17. A series of key performance indicators (KPIs) are presented each year in the Director's Report, to enable monitoring of trends in the Agency's performance in specific areas.

18. For a number of years indicators of the quality and impact of the Agency's research compiled independently by SCImago, the SCImago Institutions Rankings (SIR), were included in the Director's report (from SIR-2011 to SIR-2014). However, from 2015 SIR ceased to provide detailed data on its indicators, providing only an overall ranking based on a "composite indicator"

(<http://www.scimagoir.com/methodology.php>). This composite indicator is too broad to be considered of use in the evaluation of the Agency's research performance and hence presentation of this indicator is discontinued.

19. Another independent international comparison of the quality of publications reported in previous Director's Reports, namely "Mapping Scientific Excellence" ([www.excellencemapping.net](http://www.excellencemapping.net)), listed IARC in 2016 in the 21<sup>st</sup> and 31<sup>st</sup> position for "Best Paper Rate" and "Best Journal Rate" respectively<sup>1</sup> out of 1676 institutions in the "Medicine" category (27<sup>th</sup> and 30<sup>th</sup> last year out of 1593 institutions), i.e. once again within the top 2% of institutions. This independent evaluation continues to point to the high-quality and impact of the research produced by IARC in comparison to other research organizations.

## Publications

20. In 2016, Agency scientists published a total of 341 articles in 163 journals, of which 290 (85%) were peer-reviewed papers. The total number of articles and the proportion of peer-reviewed papers were similar to recent years (see Table 1).

**Table 1: Publications – Articles**

Year	Peer-reviewed papers	Letters to Editor or comments	Invited reviews	Editorials, news, other	Total
2013	287 (84%)	6	35	13	341
2014	299 (84%)	12	30	16	357
2015	300 (88%)	11	17	14	342
2016	290 (85%)	9	28	14	341

21. Articles published by IARC scientists in 2016 were assessed in relation to the percentage published 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 2). Overall, 54% of articles were published in the top 20% of journals in their subject categories. This is slightly lower than in previous years (62% in 2015 and 60% in 2014) but observation of data in future years is needed to discern whether this is a meaningful trend.

22. As in previous years, 'Oncology' and 'Public, Environmental and Occupational Health' are the top two subject categories, accounting for a large proportion of the papers published (~50% of the total). The percentage of papers in the top 20% of journals in these two categories varied slightly in relation to the previous year (55% and 72% respectively in 2015), but these fluctuations are likely to at least partially reflect year-on-year variations in journal rankings.

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<sup>1</sup> "Best Paper Rate" is an indicator of the probability of publishing highly cited papers (proportion of publications from a given institution in the 10% most cited publications in their subject area and publication year) and "Best Journal Rate" is an indicator of the probability of publishing in the most influential journals (ratio of papers published in the top quartile journals in their subject areas); institutions were included in the analysis if they had more than 500 publications in this category in the period 2009–2013.

23. As pointed out before, in interpreting these bibliometric indicators it is important to recognize the limitations of this approach, and to emphasize the importance of publishing with collaborators from LMICs even if this is in journals which may not be the highest ranking but ensure the dissemination and impact of work of local or regional relevance.

**Table 2: IARC publications in top 20% of journals in their subject category in 2016** (only the top 5 subject categories for IARC papers published in 2016 are shown)

<b>JOURNAL SUBJECT CATEGORY (SC)</b>	Total number of journals in SC <sup>a</sup>	Number of IARC papers in all journals in SC	Number of IARC papers in top 20% journals in SC	% of IARC papers in top 20% journals in SC
ONCOLOGY	213	145	70	48%
PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH	171	96	42	44%
NUTRITION DIETETICS	80	26	10	38%
MEDICINE GENERAL AND INTERNAL	153	25	19	76%
MULTIDISCIPLINARY SCIENCES	61	23	23	100%

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

24. In September 2016 a special issue of the journal *Cancer Epidemiology* was focused on Cancer in Central and South America, representing a major collaboration between IARC and the "Red de Institutos Nacionales de Cáncer" (RINC), guided by an Editorial Board comprised of regional experts and additional international collaborators. This comprehensive issue on 14 cancer-specific sites is a valuable foundation to cancer control within the region.

25. The total number of IARC books sold in 2016 was 24 677 copies (see Table 3), with the WHO Classification of Tumours Series ("Blue Books") accounting for over 98% of sales. This represents a notable increase in sales, of nearly 70% in relation to 2015. This increase is almost exclusively due to the sales of Blue Books, and reflects partly the timing of release (two new volumes released in 2016) but also the extraordinary value of these flagship publications to oncologists, pathologists, cancer registrars and cancer researchers worldwide.

**Table 3: Publications – Volume of sales**

<b>Year</b>	<b>Total sales</b>	<b>Sales of 'Blue Books'</b>
2013	15 733	15 054 (96%)
2014	16 279	14 844 (92%)
2015 (corrected) <sup>a</sup>	15 469	14 696 (95%)
2016	25 295	24 677 (98%)

<sup>a</sup> Following an error on the part of WHO Press, the figures on "Volume of sales" for 2015 reported in the previous Director's Report were underestimated.

26. Total revenue from the sales of IARC books amounted to €1 450 727 in 2016 (see Table 4). This is again a remarkable increase on the revenue from sales compared to all the previous years, due to increased production, as mentioned above, and to significant demand for both new "Blue Book" volumes. IARC has also recently started to receive revenue on sales of e-books. To date revenue is modest (€15 795 in 2016) as the initiative is still new but from 2017 onwards the figures will be included in the Director's Report on an annual basis.

**Table 4: Publications – Revenue from sales (in Euros)<sup>a</sup>**

Year	Revenue from sales of all publications	Revenue and percent from 'Blue Books'	Revenue from sales paid to IARC <sup>b</sup>
2013	761 404	744 694 (98%)	759 782
2014	789 892	741 222 (94%)	787 494
2015 (corrected) <sup>c</sup>	849 608	836 634 (98%)	848 924
2016	1 450 727	1 436 443 (99%)	1 450 172

<sup>a</sup> Publications revenue figures were presented in Swiss Francs in previous years

<sup>b</sup> After freight charges were deducted from overall figure

<sup>c</sup> Following a miscalculation on the part of WHO Press, the figures on "Revenue from sales" for 2015 reported in the previous Director's Report were underestimated

27. Table 5 provides the figures for the total number of visitors to the most popular IARC websites in 2016. The total number of visitors dropped for the main IARC homepage and for the IARC Monographs after the peak attained in 2015, reflecting the extraordinary interest generated by some activities and press releases in 2015, but the numbers of visitors remain higher than in earlier years. There is a notable steady increase in the number of visits to the GLOBOCAN site.

28. In order to further promote the use of cancer statistics to illustrate the changing scale, epidemiological profile and impact of the disease worldwide, the CSU Section launched in May 2016 a web-based platform, the Global Cancer Observatory (<http://gco.iarc.fr/>), bringing together several key CSU projects including GLOBOCAN, Cancer Incidence in Five Continents (CI5), International Incidence of Childhood Cancer (IICC), and Cancer Survival in Africa, Asia, the Caribbean and Central America (SurvCan). As part of the development of this platform two new websites were created: Cancer Today (<http://gco.iarc.fr/today>) providing a series of novel interactive data visualisation tools for national estimates of cancer incidence, mortality, and prevalence, which will eventually replace the current GLOBOCAN website; the Cancer Causes website links the cancer burden to underlying causes, quantifying the extent to which different cancers are attributable to key lifestyle and environmental risk factors worldwide, with the first example being obesity (<http://gco.iarc.fr/obesity/home>). Two additional components of the site will follow: Cancer over Time and Cancer Tomorrow. Data on access to the Global Cancer Observatory platform will be reported as from the next Director's Report, when data for a full year will have been collected.

**Table 5: Visitors to IARC website in 2016** (in brackets corresponding figures in 2015)

Web site	Total visitors	Average visitors / day	Total visits	Average visits / day
IARC Home page	451 330 (595 296)	1233 (1630)	606 772 (793 329)	1657 (2173)
Monographs	293 688 (341 205)	802 (934)	424 663 (500 608)	1160 (1371)
GLOBOCAN	274 527 (263 891)	750 (722)	486 743 (473 743)	1329 (1297)

*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.*

29. The most popular downloads from the Agency's websites are presented in Table 6. The textbook "Cancer Epidemiology: Principles and Methods" continues to be one of the most popular downloads despite having been published almost two decades ago. Information materials relating to the Monographs Programme also remain amongst the most frequent downloads from IARC websites, although without the unprecedented peaks of interest raised in some previous years. Downloads from the third edition of the Blue Books available online also remain in consistently high demand. Finally the interest in the IARC Handbook of Cancer Prevention Volume 8 "Fruit and Vegetables" is noteworthy.

30. In 2016 the Agency launched its E-bookshop (<https://shop.iarc.fr/collections/all>). Currently, three 4<sup>th</sup> Edition volumes of the "Blue Books" and the recent Vol. 15 of the IARC Handbooks of Cancer Prevention "Breast Cancer Screening" are offered for sale as e-books. Tiered pricing for LMICs is available, and the Agency plans to release more recent volumes of the "Blue Books" in future.

**Table 6: Most popular downloads from IARC and Monographs websites** (*ranked by 2016 data and compared to 2015 figures*)

Item	Downloads	
	2016	2015
Cancer Epidemiology: Principles and Methods	213 533	257 133
Press Release 240: IARC Monographs evaluate consumption of Red Meat and Processed Meat ( <i>announced on 26/10/2015</i> )	187 176	737 287
IARC Monographs Classification List	165 424	221 713
"Blue Book" Pathology and Genetics of Tumours of the Digestive System – Third Edition	81 180	94 286
"Blue Book" Pathology and Genetics of Tumours of the Lung, Pleura, Thymus and Heart – Third Edition	67 370	70 852
Monograph Volume 99: Some Aromatic Amines, Organic Dyes, and Related Exposures	66 552	58 518
Monograph Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1 to 42	66 295	80 320
"Blue Book" Pathology and Genetics of Tumours of Soft Tissue and Bone – Third Edition	62 661	57 092
Monograph Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	62 402	61 988
IARC Handbook of Cancer Prevention Volume 8: Fruit and Vegetables	62 212	29 872
IARC News on Monographs Vol 112 (Some Organophosphate Insecticides and Herbicides: Diazinon, Glyphosate, Malathion, Parathion, and Tetrachlorvinphos) ( <i>announced on 01/06/2015</i> )	57 340	132 693
Press Release 208: Radiofrequency electromagnetic fields ( <i>announced on 31/05/2011</i> )	56 494	55 594
Monograph Volume 109: Outdoor Air Pollution ( <i>announced on 18/12/2015</i> )	52 839	2 030
Press Release 244: IARC Monographs evaluate drinking coffee, maté, and very hot beverages ( <i>announced on 15/06/2016</i> )	52 446	N/A
Q&A on Monographs Volume 114 evaluations (Red Meat and Processed Meat) ( <i>announced on 26/10/2015</i> )	50 193	113 578

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

31. The number of new grant applications and requests for funding submitted in 2016 continued to increase, reaching a total of 183 (Table 7). This confirms the trend observed in the previous years with a strong progression in the number of submissions (an increase of 22% compared to 2013).

32. The Agency signed extrabudgetary contracts amounting to a total value of €28.3 million in 2016. This represents a small increase from the previous year's figures, and a confirmation of the general upward trend in the value of signed contracts, a remarkable achievement given the current research funding climate and the increasing restrictions on eligibility of Agency staff to some funding sources.

33. In total €10.2 million, 36.2% of the total value of signed contracts, was attributed to IARC. This is lower than in 2015, which was an exceptional year with a number of specific high-value awards, but is higher than the 2013 and 2014 figures.

34. The proportion of funding from direct agreements also remained high, representing 51% of the value of contracts signed in 2016, comparable to that observed in 2015 (54% of total value signed). This pattern reflects the deliberate efforts of the Agency to boost this category of funding in response to an increasingly competitive environment for grants.

**Table 7: Extrabudgetary 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)
2013	150	43	22 985 385	7 210 095	9 955 587
2014	167	51	6 443 450	4 175 192	12 698 866
2015	174	76	26 287 966	16 717 320	10 548 429
2016	183	65	28 309 483	10 244 705	11 413 516

<sup>a</sup> The figures show total budgets of all grants signed irrespective of whether IARC is coordinating the studies or not.

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

35. Voluntary Contribution expenditure in 2016 was similar to previous years, at just over €11.4 million, which represents approximately 35% of the overall expenditure by the Agency, and just over 40% of the expenditure on the scientific programme funded from the Voluntary Contributions, also in line with previous years (Table 8).

**Table 8: 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
2013	19 902 355	33.3%	14 383 283	40.9%
2014	19 989 084	38.8%	15 622 140	44.8%
2015	20 435 407	34.0%	15 884 925	39.9%
2016	21 356 763	34.8%	16 846 272	40.4%

<sup>a</sup> Voluntary contribution expenditure taken from Table 7.

36. Voluntary contributions are essential to enable IARC to implement its Medium-Term Strategy. In order to achieve the required level of extrabudgetary funding a core complement of senior scientific staff is needed. The extrabudgetary funds attracted by the Agency scientists add value to the assessed contributions from Participating States. The success in obtaining voluntary contributions is also a measure of the competitiveness of IARC's research and of the degree of collaboration with other organizations.

### Personnel

37. One key senior appointment was made since the last Governing Council Session. Dr Ian Cree, Scientist, has been appointed to replace Dr Hiroko Ohgaki, Head of Molecular Pathology who will retire on 31 July 2017. Dr Cree will take up his post on 1 May 2017 and will be responsible for the production of the WHO Classification of Tumours Series.

38. Following the transfer of Dr Pierre-Olivier Dondoglio on 31 July 2016 to the WHO Regional Office for Europe, Dr Chantal Ferracin joined IARC on 12 October 2016 to replace him as IARC Staff Physician.

39. As of 1 March 2017 there were 345 people working at the Agency: 241 staff members and 104 Early Career and Visiting Scientists (ECVS). For comparison the number of people working at the Agency in 2014, 2015 and 2016 was 314, 329 and 334 respectively.

40. Of the 231 fixed-term staff, 106 are Professional staff (48 men; 58 women) and 125 General Service staff (32 men; 93 women); in addition there are 10 temporary/short-term staff. Of the 106 Professional staff, 26 are in the support services; of the remaining 80 Professional staff, 52 are funded on the regular budget and 28 from extrabudgetary sources.

41. Since March 2016, 11 staff members have arrived at the Agency: 6 Professional and 5 General Service. Over the same time period, 5 staff members left the Agency: 4 Professional and 1 General Service (3 transfers and 2 resignations).

42. The ECVS include 24 Trainees and Master's students, 17 Doctoral students, 39 Post-doctoral scientists, of whom 15 are Fellows supported by IARC awards, 11 Visiting Scientists, and 13 Senior Visiting Scientists, one of whom is in receipt of a Senior Visiting Scientist Fellowship.

43. Overall, 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, 89.6% are from Participating States (207 out of 231).

44. The IARC Recognition Programme enables all personnel to nominate their colleagues for an award to recognize outstanding contributions to the work of the Agency over the previous year. The awardees received a certificate and have been given the opportunity to undertake training in a professional area of their interest to support their career progression.

45. Further to the implementation of the Learning and Development (L&D) Framework, which was launched in 2015 with the objective of providing a systematic approach to the Agency's L&D activities, HRO and ETR jointly organized courses offered to all categories of personnel.

46. A total of 28 in-house face-to-face courses (consisting of training on 8 core competencies and 20 job-specific skills) were organized during 2016 and completed by more than 400 participants (see Table 9). These courses were communicated and administered through the L&D Activity Intranet portal created in 2015 with the aim of integrating and promoting courses organized by HRO and ETR.

**Table 9: Learning and Development Framework internal courses**

Type of training	No. of participants	
	Staff members	ECVS
Core competencies training	93	35
Job-specific training	155	133
Total	246	168

47. Access for IARC staff members to WHO's online learning platform, *ilearn*, was launched in September 2016. The *ilearn* platform offers a wide range of short online courses (1–4 hours each) ranging from technical to inter-personal skills. Since its launch 19 staff members completed 28 courses. Plans are underway to enable *ilearn* access to ECVS.

48. In addition, a number of external online courses were offered for the first time to targeted personnel in the areas of statistics, good clinical practice, and accounting. The plan is to expand this offer in the future.

49. The IARC policy on Position Classification Review was revised and a review of Professional Scientist positions was introduced in 2016. Seven submissions were examined by the committee and two upgrades were approved by the Director.

## Education and Training

50. The ETR Group oversees the implementation of the IARC Research Training and Fellowship Programme and the Courses Programme, and supports the training activities carried out by several IARC scientific Groups within the context of their collaborative research programmes.

### *IARC Research Training and Fellowship Programme*

51. The Agency awarded 17 post-doctoral fellowships in 2016 comprising 7 new awards and 10 extensions for a second year (see Table 10). The 17 post-doctoral fellowships were co-funded by the EC MSCA FP7-COFUND programme and the IARC regular budget, of which 10 (59%) were awarded to scientists from LMICs. One Return Grant (value US\$ 10 000) was awarded to a Fellow from Thailand to partly fund a research project on return to her home country.

52. The number of fellowships awarded was in line with the commitments in the current EC COFUND grant. However, as reported in 2016, IARC was deemed ineligible to apply for EC MSCA COFUND calls under the H2020 framework. Support from external sources to complement Regular Budget funding is critical for the IARC Fellowships Programme, and failure to secure additional funding will lead to a significant reduction in the number of Fellowship opportunities. As a temporary measure, in order to maintain the Programme while pursuing alternative funding, the Agency has assigned an additional €80 000 in the proposed Programme and Budget 2018–2019 for the Fellowship Programme to partially compensate the loss of the EC funding, and will henceforth restrict the award of IARC Fellowships to candidates from LMICs.

53. The 2016 call for proposals led to the award of the first bilateral post-doctoral fellowship with the Research Council of Norway in November 2016. The Fellow joined IARC in February 2017.

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

Year	No. of IARC Fellowships awarded <sup>a</sup>	No. of Fellows from low- and middle-income countries
2013	18 (10 + 8)	11
2014	21 (13 + 8)	12
2015	22 (10 + 12)	13
2016	17 (7 + 10)	10

<sup>a</sup> *Post-doctoral fellowships (new + second year renewals), including IARC-Australia and IARC-Ireland Fellows in 2013-2015*

54. In 2016, the Agency granted one Senior Visiting Scientist Award to Professor Pär Stattin, Adjunct Professor, Department of Urology, Uppsala University Hospital.

55. A total of 170 ECVS (consisting of 80 new arrivals and 90 extensions) worked at IARC during 2016. ETR is responsible for all administrative procedures relating to their arrival, hosting and departure. In addition to identifying the best technical options to develop a management tool to streamline these administrative processes, ETR has been working with the Office of the Director of Administration and Finance to collect all current rules and procedures pertaining to the IARC Research Training and Fellowship Programme in one single handbook.

56. In parallel, a review of the IARC Research Training and Fellowship Programme was carried out, based on the feedback received from target audiences (i.e. exit interviews with Early Career Scientists (ECS) conducted in the context of the IARC Post-doctoral Charter; discussions with the Early Career Scientists Association (ECSA)) and input from an "Internal Working Group on Early Career Scientists Supervision and Policy". This Working Group was established by the Director with the aim of providing recommendations on the terms and conditions under which ECS work at the Agency and the respective roles and expectations of supervisors and ECS, including mentorship. The review of the Programme will lead to the update and publication of the handbook in 2017.

57. In addition to the exchanges described above, ETR continues to work closely with ECSA on a number of areas to improve the quality of training and hosting environment at IARC and to promote regular dialogue. A highlight of the year was the third ECSA Scientific Day successfully organized by the Association in May 2016, with the support of ETR.

58. The internal programme of generic skills courses, developed within the framework of the IARC Post-doctoral Fellowship Charter, coordinated by ETR in close collaboration with ECSA and the Human Resources Office, offered twenty-one courses to ECS in 2016 attended by more than 70 different individuals. Online training opportunities were also offered.

59. One of the opportunities the ECS requested is to have experience submitting grant proposals. In 2015 the Director established the IARC "Junior Investigator Awards" and the same programme ran in 2016. The awards aim to encourage junior investigators working at the Agency to develop innovative, high-risk research projects. In 2017, after peer-review by Scientific Council members, the Director made three awards from among eighteen applications with a total investment of €72 000 in line with the IARC Medium-Term Strategy.

### ***IARC Courses Programme***

60. The IARC Summer School on Cancer Epidemiology was not hosted in 2016 because of the usual dates coinciding with the 50<sup>th</sup> Anniversary Scientific Conference and due to budget constraints. Instead, a special training opportunity was integrated into the conference, the IARC "50 for 50" initiative.

61. The IARC "50 for 50" initiative brought together 50 selected future leaders in cancer research from LMICs, one for each year of IARC's existence, representing 36 countries from all parts of the globe. The one-week programme included participation in a dedicated pre-conference workshop "Fostering Leadership in Cancer Research" on 6–7 June, attendance of the three-day scientific conference, networking events to foster collaborations, and a series of lectures from world-leading experts exclusively for the "50 for 50" fellows. A dedicated online space was set up for preparatory work, access to a variety of resources and networking. The "50 for 50" fellows rated the initiative very positively, stressing the quality of interactions, the opportunity to learn about a wide variety of research topics and for meeting world-leading experts in those fields.

62. The Courses Programme also provides support to specialized courses and workshops organized by or co-organized with the scientific Groups of the Agency (see Table 11 and Annex 1). The trend for the increase in the number of courses continued in 2016, mostly due to courses on cancer registration integrated in the Global Initiative on Cancer Registry Development (GICR), on cancer

prevention and early detection, and on training activities related to biobanking projects. The development of pathology capacity was a new focus in 2016, with several courses organized on the topic.

63. As shown in Table 11 below, the number of scientists and health professionals trained at IARC or at one of the specialized and advanced courses and workshops conducted worldwide by Agency scientists more than doubled in 2016 in relation to previous years, demonstrating IARC's growing commitment to training.

**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>
2013	15	7	8	566*
2014	17	14	12	576
2015	24	14	11	647
2016	39	25	19	1332

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

64. The first version of the IARC Online Learning Platform was launched in 2016, in a close collaboration between ETR and ITS. This learning management system provides online spaces for participants to network and develop technical competencies before joining a face-to-face course and provides a repository of learning materials after a training event. In particular, ETR supported the Screening Group in the design and implementation of a set of online modules to be taken as part of blended online/face-to-face training courses for master trainers in cervical cancer prevention, early detection and management.

65. The IARC Online Learning Platform is also hosting the e-learning space of the EU-supported "Bridging Biobanking and Biomedical Research Across Europe and Africa (B3Africa)", whose dissemination and education work packages are led by the LSB and ETR Groups, respectively. In the framework of this project, a series of webinars was also launched and the three first events were successfully organized in the autumn, with participation from several countries in Africa and Europe.

66. Regarding other partnerships for the development of e-learning courses, the 8-month online course in cancer epidemiology in Spanish aimed at Latin American countries launched jointly in 2015 with the Institut Català d'Oncologia (ICO), Spain, was successfully completed in 2016 allowing 18 researchers from 7 countries (Colombia, Costa Rica, Guatemala, Honduras, Mexico, Paraguay, Peru) to develop a broad range of competencies. Resource mobilisation to launch a second course is ongoing.

## **Research Support**

67. A number of initiatives aimed at developing and streamlining the Agency's administrative processes, managing risks, and supporting the work of the scientific Sections and Groups were continued or launched in 2016 by the SSR Section.

68. Changes in processes must be accompanied by good communication across the Agency. This is achieved through ad-hoc internal meetings, through regular reporting to the Senior Leadership Team (SLT), and more broadly to the whole of the Agency's personnel in the monthly Director's News. In an effort to capture feedback and suggestions for improvement on the services provided, SSR carries out annual Services Surveys. The analyses of the results from these surveys and planned actions are published on the IARC intranet.

69. The repeated unqualified certificate of IARC's 2016 accounts by the external board of auditors reiterates the continued strong performance of the Agency's financial controls and procedures. In addition, SSR managed to address and close all fourteen outstanding audit recommendations from previous years, before the time of the annual external audit in March 2017.

70. Significant progress was also made during 2016 in the development of a number of new and updated policy and procedural documents, enhancing the clarity around IARC's administrative modalities for both internal and external users. In the coming year efforts to automate administrative processes will continue.

71. SSR continued to strengthen capacity building, knowledge management and business intelligence initiatives. This included enhanced support to Scientific Groups on project management, and enhanced IT support to bio-informatics and laboratory research.

72. One of the priorities in 2016 was to support the Director in efforts to strengthen IARC's capacity to raise funds, through applying innovative resource mobilization techniques. A Resource Mobilization Task Force was established involving SSR, the COM Group, senior scientists and chaired by the Director. This work will be further expanded in 2017 with additional information provided in GC/59/7.

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

73. IARC's deteriorating infrastructure continues to represent a major risk to the continued operation of the Agency. The type of incidents is varied, involving core systems of heating, air conditioning, electricity supply, external structure and water infiltration. The City of Lyon continues to work closely with the Agency to conduct repair works.

74. One of the major incidents was that one of the two engines of the air handling unit for the laboratories broke down, after several repairs carried out by the City of Lyon since 2015. In order to provide a backup in case of failure of the second engine, the City of Lyon decided to renew the system and to replace the failed engine. The works were carried out in December 2016, with an impact on IARC activities. Laboratory activities needed to be halted on multiple occasions for 3 to 5 hours, and the tower needed to be evacuated. In addition, all IARC activities had to be halted for an entire day at the end of 2016.

75. A full technical assessment of the tower was conducted by the City of Lyon in December 2015 at the request of the IARC Secretariat, in order to identify the priority repairs that would enable the Agency to continue to operate in its current premises until the move to the Nouveau Centre. The

IARC Secretariat continues to liaise regularly with the City of Lyon, keeping them informed of all incidents which are resolved on a case-by-case basis.

76. In view of the planned physical move to the Nouveau Centre in 2021 and in order to generate savings, no major improvement or refurbishment works were carried out in the tower in 2016, except for the laboratories in the Biological Resource Centre, and a new biological samples reception room in the basement of the tower.

77. In light of the terrorist attacks in France in 2015, IARC carried out several internal security assessments (audit on the global security of the compound and a specific audit on all the real-time systems monitoring different features of the security infrastructure) and requested the branch of the Police dedicated to public security to conduct an external security audit. The results of these audits led to the development of a security improvement plan, approved by the Governing Council in 2016, which was implemented throughout 2016 and early 2017.

### **IARC Ethics Committee**

78. The activities of the IARC Ethics Committee (IEC) over the biennium 2015–2016 are described in document GC/59/10 (Biennial Report of the IARC Ethics Committee (IEC), 2015–2016). Below is a brief summary of the IEC's activities in 2016.

79. The IEC was composed of the following members:

#### External members

- Dr Samar Al-Homoud (Saudi Arabia), surgeon
- Dr Denis Azoulay (France), dentist (until December 2016)
- Dr Michel Baduraux (France), medical doctor
- Dr Safia Bouabdallah (France), jurist (until May 2016)
- Pr Béatrice Fervers (France), oncologist (Chair)
- Dr Emmanuelle Rial-Sebbag (France), ethicist (until May 2016)
- Dr Hans Storm (Denmark), epidemiologist
- Pr Paolo Vineis (UK), epidemiologist (Vice-Chair)
- Dr Beatrice Wiafe Addai (Ghana), surgeon

#### IARC and WHO staff members

- Dr Behnoush Abedi-Ardekani (GCS Group, IARC) (from January 2016)
- Dr Ghislaine Scélo (GEP Group, IARC)
- Dr Abha Saxena (Secretariat of the Ethics Research Review Committee, WHO Geneva)
- Dr Salvatore Vaccarella (ICE Group, IARC)

80. Three external Committee members, Dr Safia Bouabdallah, Dr Emmanuelle Rial-Sebbag and Dr Denis Azoulay completed their terms of office in 2016.

81. The IEC met five times in 2016 (February, April, June, September, November) and evaluated 46 new projects and 5 re-submissions of projects previously reviewed:

- 28 projects were approved after ethical review;
- 7 projects were given expedited approval;
- 11 projects were given conditional approval subject to the receipt of further information;
- 5 projects previously reviewed were resubmitted to the IEC and were given conditional approval subject to the receipt of further information.

82. In addition to the IEC, the IARC Ethics Advisory Group (EAG), 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 EAG was consulted in 2016 to consider a draft document on incidental findings in genomic studies, to provide advice in an area in which ethical standards are still not well defined.

83. To ensure training in the ethical review of research proposals involving human subjects and understanding of international standards for health research ethics, all IEC members obtained the WHO certificate on Research Ethics. Also, a general course on biomedical research ethics particularly aimed at ECS took place at IARC.

84. To support the IARC staff and facilitate the submission of projects for ethics review, the IEC's Rules and Procedures as well as the Standard Operating Procedures were updated, in particular the expedited review of studies involving the re-analysis of previously collected data and/or previously measured biomarkers was implemented.

## **External relations**

### ***Meetings***

85. 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 2015 is provided in Annex 2.

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

86. IARC and the UICC continue to develop a broad-range of collaborations based on their respective programmes. The Director was a Panel Moderator at a side event organized jointly by UICC and WHO during the World Health Assembly 2016 entitled: "Are we making the right investments for optimal cancer control? A global dialogue." The Agency also had a strong presence at the UICC's World Cancer Leaders' Summit and World Cancer Congress which took place in Paris in October–November 2016, with a keynote address by the Director at the Summit, as mentioned above, and with the organization of two sessions in the World Cancer Congress and presentations from senior IARC scientists on a broad range of topics. As IARC is a long-term partner with UICC, WHO and IAEA in the World Cancer Leaders Summit series, the Director is also participating in the defining the theme of the next Summit which will take place in Mexico in November 2017.

87. The UICC remains one of the key partners in the GICR, participating in its governance and supporting this initiative through their advocacy for cancer surveillance. In turn, the GICR is linked to the City Cancer Challenge, an ambitious new initiative coordinated by the UICC to support large

cities worldwide to develop equitable access to quality cancer services, launched at the Annual World Economic Forum Meeting in Davos in January 2017.

88. The Agency continues to participate in the International Cancer Control Partnership (ICCP), together with the UICC, the Centre for Global Health, NCI, USA and many other partners. IARC is represented in the ICCP's Steering Committee, and participated in several of the ICCP's Working Groups and Cancer Control Leadership Forum regional workshops over the past year, providing advocacy and technical support for the development and implementation of good-quality cancer registration in national cancer control plans.

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

89. The Agency collaborates closely with the IAEA in a number of areas, most notably as a partner in the imPACT review missions, coordinated by IAEA's Programme of Action for Cancer Therapy (PACT). The imPACT missions assess national capacity and make priority recommendations for strengthening cancer prevention and control programmes and policies in selected LMICs. IARC, WHO and IAEA-PACT jointly endorse the imPACT mission reports, with the Agency responsible for the areas of 'Cancer Registration and Information', 'Prevention' and 'Early Detection'.

90. Another major area of collaboration with IAEA is in the context of the joint programmes on Cancer Control and on Cervical Cancer, developed in the framework of the UN Inter-Agency Task Force mentioned below.

### ***Collaboration with WHO***

91. The Agency continues to have a wide range of collaborations with WHO, ranging from cooperation on specific projects through to support for strategic activities.

92. A major development since the last GC session has been the broad mobilization of governmental and non-governmental stakeholders to submit a new resolution on cancer for approval at the next World Health Assembly (WHA) in May 2017. The Agency was involved from the early discussions on this initiative, coordinated by the WHO Noncommunicable Diseases and Mental Health Cluster's (NMH) Management of NCDs, Disability, Violence and Injury Prevention Group (NVI), securing the inclusion in the draft resolution of a periodic, public health and policy-oriented world report on cancer, based on the latest available evidence, with the express participation of IARC. Agency scientists participated in the discussions of the draft resolution during the WHO's Executive Board (EB) in January 2017, and in subsequent meetings with WHO Member States to agree on a final wording for submission to the WHA. The discussions during the EB revealed widespread support from WHO Member States for this landmark resolution.

93. Supporting the implementation of the WHO Global NCD Action Plan 2013–2020 (GAP) remains a key strategic priority for the Agency. Senior IARC scientists participated in the working group developing the proposed update of Appendix 3 of the GAP, which lists a series of cost-effective and 'very cost-effective' policy recommendations and affordable interventions on NCDs for implementation by all WHO Member States, and contributed to the preparation of the final draft of this document that will be submitted for approval at the WHA in May 2017.

94. IARC is a member of the UN Interagency Task Force on the Prevention and Control of NCDs (IATF), chaired by WHO. The IATF coordinates activities across UN and other inter-governmental organizations supporting national governments to develop intersectoral programmes for the prevention and control of NCDs, in order to meet commitments made in the 2011 UN Political Declaration on NCDs. The main contribution of the Agency to the work of the IATF is through its participation in two of the four joint programmes across UN organizations on NCDs: a joint programme on cervical cancer involving seven UN organizations including IARC, and a joint programme with WHO and the IAEA on cancer control. Both projects entered the implementation phase over the last year with the participation of Agency scientists in a number of country capacity assessments and workshops with local stakeholders to identify priorities and define national workplans. Finally, Agency scientists participate in a number of IATF Working Groups, including on Alcohol and NCDs and on NCD Surveillance.

95. In addition to collaborations on the implementation of the NCD GAP listed above, IARC scientists participate in a large number of WHO projects, advisory committees and working groups. Some of the more significant collaborations are briefly highlighted below: IARC scientists from the EDP Section have had extensive collaborations over a number of years with the Human Reproduction Programme (HRP), a special programme for research, development and research training in human reproduction hosted by WHO and involving six UN agencies, on joint research and capacity strengthening on human papillomavirus (HPV) vaccination and testing, and on cervical cancer prevention and early detection; scientists from the CSU Section have a longstanding collaboration with the Department of Health Statistics and Information Systems (HIS) contributing data on cancer mortality and incidence to WHO's global statistics on mortality and burden of disease; the MPA Section has been responsible for the publication of the WHO Classification of Tumours, initiated in 1967 by WHO and transferred to IARC since 2000, and together with the CSU Section collaborate with the WHO HIS Group on the update of the International Classification of Diseases (ICD-11), on the International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition (ICD-O-3), and on the dissemination of these new codes to their networks of collaborators in pathology and cancer registration.

96. Dr Silvia Franceschi and senior staff in the ICE Group participated in 2016 in the "Ad-hoc expert consultation on implementation research of HPV immunization and HBV immunization" organized by the Initiative for Vaccine Research, WHO, contributing background documents to several meetings. Dr Franceschi was subsequently invited to the October 2016 meeting of the Strategic Advisory Group of Experts on immunization (SAGE), which recommended the introduction of HPV vaccine for adolescent girls as part of a coordinated and comprehensive strategy to prevent cervical cancer and other diseases caused by HPV, and reemphasized the importance of the birth dose of HBV vaccine, urging all countries to introduce universal birth dose immunization without further delays.

97. In the specific area of IARC Monographs and Handbooks of Cancer Prevention, IARC and WHO are exploring underlying principles and standardized procedures in relation to the planning, conduct and communication of future evaluations by the Agency. These procedures also involve further initiatives to brief national authorities of forthcoming evaluations to allow time for preparation of public communications prior to the release of Monograph and Handbook conclusions.

98. In addition to the joint activities with the WHO HQ, the Agency continues to seek to develop direct collaborations with the WHO Regional Offices. The Action Plan signed between IARC and the WHO Regional Office for the Eastern Mediterranean (EMRO), for cooperation and technical support in the areas of cancer surveillance and early detection, resulted in a series of highly successful assessment missions and in the publication of several reports and recommendations supporting cancer control planning in the region. A similar collaboration programme with the WHO Regional Office for Europe (EURO) is underway, supporting a regional programme of technical cooperation in cancer surveillance, and a specific project in Belarus providing technical support for the development of pilot programmes for early detection of cervical and breast cancer. Finally the Agency is collaborating with the WHO Regional Office for the Americas (PAHO), to jointly convene a meeting of representatives of Latin American countries and networks, including the RINC, to develop a project for a regional "Latin American Code Against Cancer", modeled on the experience of the European Code. The meeting is scheduled for 2017 in Washington D.C., hosted by PAHO and supported by IARC.

**Annex 1: Specialized courses organized or co-organized by the IARC scientific Groups in 2016**

<b>Course title</b>	<b>Location</b>	<b>Number of participants</b>	<b>External collaborations</b>
ABC-DO Pathology Training Course	Kampala, Uganda	22	
B3Africa first face-to-face Training Course	Cape Town, South Africa	23	Stellenbosch University, Faculty of Medicine and Health Sciences
B3Africa Webinars 1–3	Online	23+60+22	BBMRI-ERIC, Uppsala University, Karolinska Institute
Basic Cancer Registration Course	Kuala Lumpur, Malaysia	80	Regional Hub for Cancer Registration in South, South-East and Eastern Asia; NCI Thailand; Ministry of Health, Malaysia
Basic Cancer Registration Course	Jakarta, Indonesia	60	Regional Hub for Cancer Registration in South, South-East and Eastern Asia; NCI Thailand; Ministry of Health, Indonesia
Basic Cancer Registration Course	Mumbai, India	25	WHO–SEARO; Regional Hub for Cancer Registration in South, South-East and Eastern Asia
Cancer Registration Assessment and Workshop	Erbil, Iraq	18	Regional Hub for Cancer Registration in Northern Africa, Central and Western Asia; WHO-EMRO
Cancer Registration Course	Obninsk, Russia	44	WHO–EURO
Cancer Registration Course	Bishkek, Kyrgyzstan	26	WHO–EURO
Cancer Registration Course	Accra, Ghana	25	African Cancer Registry Network / Regional Hub for Cancer Registration in Sub Saharan Africa; IAEA
Cancer Registration Workshop	Almaty, Kazakhstan	27	Regional Hub for Cancer Registration in Northern Africa, Central and Western Asia; Kazakh Institute of oncology and radiology
Cancer Registration Workshop	Brisbane, Australia	45	Cancer Council Australia and other regional partners
CanReg Regional Training Course	Washington, USA	10	The Caribbean Public Health Agency (CARPHA); The North American Association of Central Cancer Registries (NAACCR); The US National Cancer Institute, National Institutes of Health (NCI/NIH); Regional Hub for Cancer Registration in Latin America

Course title	Location	Number of participants	External collaborations
CanReg5 – Train the trainers Workshop	Lyon, France	14	UICC; Regional Hubs for Cancer Registration in Africa, Asia and Latin America
Caribbean Cancer Registry Workshop	Providenciales, Turks and Caicos	22	The Caribbean Public Health Agency (CARPHA); The North American Association of Central Cancer Registries (NAACCR); The US National Cancer Institute, National Institutes of Health (NCI/NIH)
CME on Breast Cancer Management	Ambillikai, India	100	Christian Hospital Ambillikai and Cancer Control Foundation of India, Pollachi.
Coding Course (ICD-O-3) for Hospital Based and Population Based Cancer Registries (Online)	Santiago de Chile, Chile	59	Ministry of Chile for Chilean registries; Regional Hub for Cancer Registration in Latin America
IARC–GICR Course: Descriptive Epidemiology Research and Analytical Approach using Population-Based Cancer Registry Data	Izmir, Turkey	35	Regional Hub for Cancer Registration in Northern Africa, Central and Western Asia; Ministry of Health, Republic of Turkey
IARC–BelMed Course: Training course on Principles, organization, evaluation, planning and management of cancer screening programmes	Minsk, Belarus	34	WHO; Public Health England, UK; Centro Javeriano de Oncología, Colombia
ICAMA – Lat. Am. Research Network in breast cancer: training pathology and epidemiology	Liberia, Costa Rica	15	PRECAMA collaborators in Latin America plus ICAMA colleagues from Guatemala
Interactive Workshop "Strengthening Cancer Control Program in Ukraine"	IARC, Lyon, France	5	
Introduction-training on Food TABLE GloboDiet	Online	6	University College Dublin, Ireland
Leadership Training in Colposcopy & Advocacy for Cervical Cancer Control	Delhi, India	22	American Cancer Society
Online Course on Reports for Cancer Registries	Buenos Aires, Argentina	33	Regional Hub for Cancer Registration in Latin America; Instituto Nacional de Cancer de Argentina for Argentinian registries (Hospital and Population based)

Course title	Location	Number of participants	External collaborations
Orientation Course on Cervical and Breast Cancer Early detection and Control	Dhaka, Bangladesh	200	Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh; The Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka; The WHO Country Office for Bangladesh
Project Staff Training for the Follow-up Phase of the 2 vs 3-dose HPV vaccine clinical trial in India	Hyderabad & Ahmedabad, India	39	
Train the Trainers course on GloboDiet 24hDR interviews	Online	8	Brazilian GloboDiet collaborators
Train the Trainers course on GloboDiet 24hDR interviews – data cleaning	Online	5	GloboDiet collaborators Malta
Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection & Management (Participants from Morocco and Gabon) – Blended (Online/face-to-face course in India) – in French	Barshi, India	16	The Lalla Salma Foundation for Cancer Prevention and Treatment, Rabat, Morocco; Tata Memorial Centre Rural Cancer Project, Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi, India
Training Course on Colposcopy and LEEP Procedures in the Management of Abnormal Cervical Cancer Screening Results	Yogyakarta, Indonesia	23	Thai Society for Colposcopy and Cervical Pathology (TSCCP), Thailand; Department of Obstetrics and Gynaecology, Faculty of Medicine, Universitas Gadjah Mada, Indonesia.
Training Course on the role of colposcopy in the early detection and prevention of cervical cancer for medical officers and nursing officers at colposcopy units	Colombo, Sri Lanka	50	The National Cancer Control Programme, Ministry of Health, Nutrition & Indigenous Medicine, Colombo, Sri Lanka; The WHO Country Office for Sri Lanka
Training on Thermocoagulation Treatment of Cervical Precancerous Lesions	Lusaka, Zambia	30	National Coordinator Cancer Prevention, Ministry of Health, Zambia.
Training Workshop for Pathologists in Cancer Management	Abidjan, Ivory Coast	24	West African Division of the International Academy of Pathology (WADIAP)
Workshop on Cancer Survival Methods for Population-Based Registries in Low and Middle Income Countries	Marrakech, Morocco	50	African Cancer Registry Network / Regional Hub for Cancer Registration in Sub Saharan Africa; International Association for Cancer Registries

## Annex 2: Meetings held at IARC in 2016

Meeting Title	Date
WHO Classification of Head and Neck Tumours (4 <sup>th</sup> ed.) – Consensus and Editorial meeting	14–16 January
52 <sup>nd</sup> Session of the IARC Scientific Council (SC52)	25–29 January
IARC Fellowship Committee – Pre-selection meeting	1 February
Gambia Hepatitis Intervention Study (GHIS) – Progress review	1–2 February
Cancer Incidence in Five Continents vol. XI – 1 <sup>st</sup> Editorial Board meeting	3 February
IARC Monographs Vol. 115: “Some Industrial Chemicals”	2–9 February
IARC Ethics Committee meeting	11 February
Implementation of cancer screening in the European Union, Data provider’s workshop	15–17 February
Discussion on educational materials & training of trainers for IFCPC/IARC colposcopy training	18 February
Pooled analyses of survival of the glioma cases enrolled in the INTERPHONE study of the Nordic countries (ASTRO RF)	17–19 March
IARC Fellowship Committee – Selection meeting	17–18 March
Post-Exposome – Investigators meeting	22–23 March
Nuclear emergency situations – Improvement of medical and health surveillance (SHAMISEN), Workshop	29–30 March
Attributable fractions of cancer in France – Investigators meeting	31 March
Meeting with La Ligue Nationale contre le Cancer on “ <i>Le projet d’ouvrage de synthèse sur les données des cancers en Afrique francophone</i> ”	5 April
IARC Handbook Vol. 16: “Weight Control”	5–12 April
WHO Classification of Tumours of Endocrine Organs (4 <sup>th</sup> ed.) – Consensus & Editorial meeting	26–28 April
Cancer Incidence in Five Continents vol. XI – 2 <sup>nd</sup> Editorial Board	27–28 April
IARC Ethics Committee meeting	28 April
58 <sup>th</sup> Session of the IARC Governing Council (GC58)	19–20 May
IARC Monographs vol. 116: “Coffee, Mate and Very Hot Beverages”	24–31 May
4 <sup>th</sup> meeting of the GICR Hub Executive Group	6–7 June
Joint annual meeting LC3-ILCCO-TRICL 2016 meeting	6–7 June
EPIC Working Group and Steering Committee	6–7 June
ESTAMPA – Investigators meeting	7 June
Global burden of cancer attributable to UV radiation – Investigators meeting	7 June
Epigenetics and environmental origins of cancer – Investigators meeting	11–12 June
Chernobyl 30 years after – Investigators meeting	11 June
4 <sup>th</sup> Workshop on Emerging Issues in oncogenic virus research (Italy)	15–19 June
Meeting with delegation from Lanzhou University	20 June
IARC Ethics Committee meeting	28 June
Cancer Incidence in Five Continents vol. XI – 3 <sup>rd</sup> Editorial Board	6 July
IARC Ethics Committee meeting	15 September
Dissemination of the European Code Against Cancer – Workshop	22–23 September

Meeting Title	Date
GloboDiet surveillance, new strategies – Investigators meeting	29 September
IARC Monographs vol. 117: “Pentachlorophenol and some related compounds”	4–10 October
Cancer Prevention Europe (CPE) – Interim Steering Committee	6 October
EXPOSOMICS – Investigators meeting	7 October
GALNet – Investigators meeting	18 October
Cancer Incidence in Five Continents vol. XI – 4 <sup>th</sup> Editorial Board	24–25 November
IARC Ethics Committee meeting	24 November
Méthylation de l'ADN et EMT – Workshop	28 November
Framework for Engagement with Non-State Actors (FENSA)	30 November
Cancer registration principles and methods (3 <sup>rd</sup> edition) – Editorial Board	6–7 December
GISTAR – Data and Safety Monitoring Board (DSMB)	21 December