



## **DIRECTOR'S REPORT**

1. This Director's Report covers the period since the 59<sup>th</sup> Session of the Governing Council (GC), and includes data on the Key Performance Indicators for the calendar year 2017.
2. The IARC Biennial Report 2016–2017 (see Document GC/60/2) provides an overview of the full range of the Agency's scientific achievements in the biennium. The present Report provides complementary information and selected highlights of the Agency's work over the last year.

### **Introduction**

3. The Agency is pleased to have received the application of the Islamic Republic of Iran to be admitted as a Participating State of IARC. This is a reflection both of long-standing collaborations between IARC and Iranian scientists and of the commitment by the government of Iran to promote research supporting cancer prevention and control programmes. It also reflects the continuing efforts of IARC to expand membership in regions that are currently underrepresented.
4. High-level discussions have taken place with senior officials in a number of other potential new Participating States, the most advanced being with the People's Republic of China, the State of Kuwait, New Zealand and Portugal. Exchanges will continue with the hope that some of these countries make the decision to join the Agency. The presence of representatives of China as Observers at the 60<sup>th</sup> GC Session is most welcome in this context.

### **Strategic Partnerships**

5. The Agency has continued to seek opportunities to develop programmes of research collaboration with governments, national agencies and other institutions. Over the past year Memoranda of Understanding (MoU) were signed or renewed with the National Cancer Centres of the Republic of Korea, of Japan, and of the People's Republic of China, with the Centre Léon Bérard the regional cancer centre in Rhône-Alpes, France, and with the Hospital Universitario San Ignacio, in Bogotá, Colombia. Additional MoUs are currently being developed with the African Academy of Sciences, with the Instituto Superiore de Sanità (ISS) in Italy, with the Menzies School of Health Research in Australia and with the University of Otago in New Zealand.
6. An example of IARC's support to building regional partnerships and networks for cancer prevention was the joint organization with the World Health Organization's (WHO) Regional Office for the Americas – Pan American Health Organization (PAHO), of a meeting in April 2017 in Washington, DC, USA, to explore development of a set of evidence-based cancer prevention messages targeted to the general population of the region, modeled on the European Code Against Cancer. The meeting included representatives from cancer and public health institutions in Latin America and the Caribbean, including the Network of National Cancer Institutes in Latin America

(‘Red de Institutos Nacionales de Cáncer’ – RINC), together with observers from other partner organizations. The work on this project is progressing under the joint secretariat of PAHO and IARC, with the development of a detailed project description, establishment of a scientific oversight committee, and mobilization of resources for its implementation.

7. The Agency continues to place strategic importance on working with the WHO in the area of Noncommunicable Diseases (NCDs). The Director attended the “WHO Global Conference on NCDs: Enhancing policy coherence to prevent and control NCDs” held in Montevideo, Uruguay, in October 2017. He delivered a speech during the closing session of the conference, chaired by the President of Uruguay, Dr Tabaré Ramón Vázquez, about the central role of research in providing the evidence for addressing the major health and societal challenges posed by NCDs.

8. In May 2017 WHO Member States adopted the World Health Assembly (WHA) Resolution “Cancer prevention and control in the context of an integrated approach” (WHA70.12). IARC played an active role with WHO colleagues in drafting the documents submitted to the Member States for discussion at the WHA. The resolution builds on the commitments made in the 2011 UN Political Declaration on NCDs and the UN Sustainable Development Goals 2030 (SDG) including SDG 3.4, in calling on countries to scale up the implementation of integrated national cancer plans.

9. The adoption of a specific resolution on cancer by the WHA was a landmark event. The resolution broadens the emphasis on cancer control beyond that defined in the NCD agenda. It also aligns with IARC’s approach of providing the scientific evidence-base for policy decisions on cancer prevention and control, requesting the WHO Director-General “to collect, synthesize and disseminate evidence on the most cost-effective interventions”.

10. The resolution calls for the development by end-2019 of “a public health- and policy-oriented world report on cancer [...] based on the latest available evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of WHO, including IARC”. This forthcoming Global Report on Cancer Control offers a unique opportunity for IARC and WHO to support WHO Member States in their effort to develop and implement evidence-based cancer control policies.

11. The preparation of the WHO Global Report has begun and is coordinated by a joint WHO/IARC Secretariat. This policy-oriented document will complement IARC’s World Cancer Report, to be published in parallel, with a focus on the latest advances in cancer research for cancer prevention.

12. IARC is a member of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs. The Task Force is coordinated by WHO and was established by the UN Secretary-General in 2013 to bring together the activities of the different UN organizations supporting governments to meet commitments made in the 2011 UN Political Declaration on NCDs. The Agency’s main contribution to this multilateral initiative is through its participation in the Steering Committee and Working Groups of the UN Joint Project on Cervical Cancer involving seven UN organizations and inter-governmental agencies.

13. At the invitation of the WHO Regional Office for Africa (AFRO) the Director attended the First WHO Africa Health Forum held on 27–28 June in Kigali, Rwanda. This meeting was convened by AFRO to galvanize political commitment, foster collaboration and align strategic priorities to drive progress under the theme “Putting People First: the road to Universal Health Coverage in Africa”.

14. A further example of a strategic research partnership established by the Agency is the Cancer Prevention Europe (CPE) initiative, a consortium of organizations dedicated to prevention research in Europe. CPE has the aim of fostering coordination in research, training and dissemination of current best practices and informing the development and implementation of evidence-based cancer prevention policies. The Consortium Agreement for CPE was signed in 2017 by an initial core group of eight "Member" organizations, which together defined a five-year Strategic Plan detailing a series of priority actions whose implementation will be coordinated by a Secretariat hosted by IARC.

15. The Director was invited to present the plans for CPE at the "1<sup>st</sup> Gago Conference on European Science Policy", organized by the Portuguese Ministry for Science, Technology and Higher Education, in Porto, Portugal, in February 2018. The meeting which aimed to define the strategy to drive science policy in Europe for research on cancer prevention and control, benefited from the participation of the Portuguese Minister of Health and the Minister for Science, Technology and Higher Education, as well as the European Commissioner for Research, Science and Innovation, and the heads of many of the leading cancer research institutes in Europe.

### **Highlight Events**

16. The Agency was pleased to welcome in October 2017 Mr Michel Sidibé, Executive Director of the Joint UN Programme on HIV/AIDS (UNAIDS), accompanied by a delegation of senior staff. Mr Sidibé presented a seminar on "Lessons learned from AIDS activism: Leveraging the AIDS movement for cervical cancer prevention and control" and answered questions on successful strategies in HIV advocacy and policy. The delegation then met with senior Agency staff to explore potential synergies and collaborations, particularly on infection-related cancers, using the HIV infrastructure and networks for research on cancer prevention and control.

17. The 11<sup>th</sup> Richard Doll Lecture was presented on January 2018 by Professor Reza Malekzadeh, Director of the Digestive Disease Research Center, Tehran University of Medical Sciences, Iran, entitled "Opium as a carcinogen: new insights from the Golestan Cohort Study". Following the lecture Professor Malekzadeh was awarded the IARC Medal of Honour for his outstanding contribution to advancing the understanding of esophageal and gastric cancer in western Asia and more generally to the development of cancer research in the region.

18. The 5<sup>th</sup> annual IARC Cancer and Society lecture was presented by Professor Daniel R. Fagin to mark World Cancer Day. Daniel Fagin teaches Environmental Reporting and Current Topics in Science, Health and Environmental Journalism at New York University. He is a Pulitzer Prize-winning journalist, awarded for his bestselling book "Toms River: A Story of Science and Salvation". In his talk, "From Toms River to Today: Science, Spin and Storytelling in Dark Times", Professor Fagin explored the principles of effective communication between researchers, policy-makers and the public through traditional and new media.

19. The Director hosted the visit of a delegation from the ISS, Rome, Italy, in June 2017. During a two-day meeting senior scientists from ISS and IARC discussed potential collaborations in common priority areas, including early life exposures and childhood cancers, and the role of nutrition and metabolism in cancer development. The discussions resulted in a MoU to formalize and strengthen collaborations, as well as two joint PhD studentships to work across IARC and ISS on the above priority areas.

20. The Director received the visit of Dr Yagob Al-Mazrou, Secretary General of the Health Council of the Kingdom of Saudi Arabia, in July 2017. Dr Al-Mazrou met with the Director and with senior IARC staff to discuss potential collaborations in the country.

21. The Director hosted the visit of Dr Thomas Kariuki, Director of the Alliance for Accelerating Excellence in Science in Africa (AESA) in February 2018. AESA was established in 2015 by the African Academy of Sciences (AAS) and the New Partnership for Africa's Development Agency to foster scientific excellence and accelerate innovation in Africa. Dr Kariuki spoke on "The Future of Science in Africa" providing an overview of some of the challenges and initiatives being implemented to bridge the research capacity gaps in the continent. Given the broad scope and the strategic importance of these collaborations, a MoU between IARC and the AAS is currently being developed and options for post-doctoral fellowships explored.

22. The Director, accompanied by a delegation of senior IARC staff, visited Beijing at the invitation of the National Cancer Centre of China (NCCC) to participate in the first International Conference on Cancer Prevention and Control on 1–2 November 2017. In their opening remarks the President of the NCCC, Professor Jie He and the IARC Director emphasized the long and fruitful collaboration between the two institutes. This was followed by a ceremony with senior representatives from regional cancer research centres in China and from the China National Health and Family Planning Commission where a plaque was unveiled by the two Directors commemorating the designation of the NCCC's National Central Cancer Registry as an 'IARC-GICR-NCCC Collaborating Centre'.

23. In addition, the IARC delegation participated in a joint side-meeting with senior scientists from NCCC, including many who have previously worked or trained at IARC. At the end of this joint meeting the two Directors signed a new MoU between the two institutions. The visit highlighted the important contribution that joint activities between scientists at IARC and NCCC have made to research on cancer prevention in the country, and confirmed the commitment from IARC to further develop the collaborations with the NCCC and with other institutes across China.

24. At the invitation of the Lalla Salma Foundation, the Director presented the closing address at the Symposium on "Cancer du sein au Maroc – une approche globale" [Breast Cancer in Morocco – a global approach] in Marrakesh on 21–22 September 2017, marking the official celebration of Morocco's "Journée nationale de lutte contre le Cancer" [National day against cancer].

## Publications

25. In 2017, Agency scientists published a total of 352 articles in 170 journals, of which 291 (83%) 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
2014	299 (84%)	12	30	16	357
2015	300 (88%)	11	17	14	342
2016	290 (85%)	9	28	14	341
2017	291 (83%)	12	25	24	352

26. Overall, 57% of articles published by IARC scientists in 2017 appeared in the top 20% of journals in their subject categories, according to the classification in the Thomson Reuters databases (Web of Science and Journal Citation Reports – see Table 2). This is in line with the results of previous years (54% in 2016 and 62% in 2015).

27. The top five subject categories remained the same as in previous years, again with 'Oncology' and 'Public, Environmental and Occupational Health' accounting for a large majority of the papers published. The percentage of papers in the top 20% of journals in these two subject categories (56% and 83%) increased in relation to 2016 (48% and 44% respectively).

28. Although these bibliometric results are consistently positive, it is important to caution against over-interpretation of such indicators and to re-emphasize the importance for IARC of publishing with collaborators from low- and middle-income countries (LMICs), even if some of these papers are published in journals of lower ranking but nevertheless ensure the dissemination of work of local or regional relevance.

29. The Agency continues to promote its Open Access Policy in relation to journal articles, with a particular emphasis on making articles of relevance to cancer control in LMICs available free of charge. A report to the GC on IARC's Open Access publishing is available (see Document GC/60/8).

**Table 2: IARC publications in top 20% of journals in their subject category in 2017**  
(only the top 5 subject categories for IARC papers published in 2017 are shown)

<b>JOURNAL SUBJECT CATEGORY (SC)</b>	Total no. of journals in SC <sup>a</sup>	No. of IARC papers in all journals in SC	No. of IARC papers in top 20% journals in SC	% of IARC papers in top 20% journals in SC
ONCOLOGY	217	127	71	56%
PUBLIC ENVIRONMENTAL OCCUPATIONAL HEALTH	157	70	58	83%
NUTRITION & DIETETICS	80	33	10	30%
MULTIDISCIPLINARY SCIENCES	64	28	13	46%
MEDICINE, GENERAL & INTERNAL	155	19	15	79%

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

30. A total of 33 544 copies of IARC publications were sold in 2017 (see Table 3), with nearly all of the sales (99%) due to the WHO Classification of Tumours Series ("Blue Books"). Three volumes in the 4<sup>th</sup> Edition of the "Blue Books" were published in 2017. The large increase in volume of sales reported on at the last GC session for 2016 was matched by further marked increases in 2017; the total sales in 2017 were more than double the level of 2014 and 2015.

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

Year	Total sales	Sales of 'Blue Books'
2014	16 279	14 844 (92%)
2015 <sup>a</sup>	15 469	14 696 (95%)
2016	25 295	24 677 (98%)
2017	33 786	33 544 (99%)

<sup>a</sup> Following an error on the part of WHO Press, the figures on "Volume of sales" for 2015 reported in the Director's Report to the GC in 2016 (Document GC/58/3) were underestimated.

31. Total revenue from the sales of IARC publications amounted to €1 763 768 in 2017 (see Table 4). This figure includes revenue from sales of traditional print publications through WHO Press, as well as sales of e-publications and royalties.

32. These figures confirm yet another substantial increase in the revenue from sales of IARC publications. This increase is almost exclusively due to the sales of "Blue Books" and reflects the high quality of and continuing demand for new volumes.

33. The Agency launched its E-Bookshop in May 2016, and continues to develop this platform, with revenue expected to grow in the coming years. Aside from sales, the E-Bookshop is drawing increased attention to key IARC publications that are free to download; notably the World Cancer Report 2014 was downloaded around 20 000 times since being made available through this site.

**Table 4: Publications – Revenue from sales (in Euros)**

Year	Revenue from sales of all publications by WHO Press	Revenue from sales of 'Blue Books' by WHO Press	Revenue from sales by WHO Press <sup>a</sup>	Other revenue (ePub and royalties)
2014	789 892	741 222 (94%)	787 494	7 733
2015 <sup>b</sup>	849 608	836 634 (98%)	848 924	3 837
2016	1 450 727	1 436 443 (99.0%)	1 450 172 <sup>c</sup>	15 795
2017	1 756 548	1 752 327 (99.8%)	1 751 567	12 201

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

<sup>b</sup> Following an error on the part of WHO Press, the figures on "Revenue from sales" for 2015 reported in the Director's Report to the GC in 2016 (Document GC/58/3) were underestimated.

<sup>c</sup> The figure reported in the 2016 Director's Report included revenue from other sources (ePub and royalties) which is now shown separately in the above table.

34. Table 5 provides the figures for the number of visitors to the most popular IARC websites in 2017. The total number of visitors increased slightly for the main IARC homepage, dropped slightly for the IARC Monographs pages, following the peaks of interest in previous years, and remained high but stable for the GLOBOCAN site.

**Table 5: Visitors to IARC website in 2017** (in brackets corresponding figures in 2016)

Web site	Total visitors	Average visitors / day	Total visits	Average visits / day
IARC Home page	513 309 (451 330)	1406 (1233)	664 470 (606 772)	1820 (1657)
Monographs	261 410 (293 688)	716 (802)	401 447 (424 663)	1099 (1160)
GLOBOCAN	282 792 (274 527)	774 (722)	479 618 (486 743)	1314 (1329)

*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.*

35. The most popular downloads from the Agency's websites are presented in Table 6. Seven out of the 10 top downloads relate to the Monographs evaluations, reflecting the continuing high level of interest in this Programme. It is noteworthy that some of the Monographs announcements made in 2015 and 2016 are still amongst the most downloaded items across the Agency's websites.

36. Beyond the Monographs, the enduring interest in the textbook "Cancer Epidemiology: Principles and Methods" is particularly remarkable given its publication almost two decades ago, and the IARC Handbooks of Cancer Prevention as well as the 3<sup>rd</sup> editions of the Blue Books available online continue to be in consistently high demand.

**Table 6: Most popular downloads from IARC and Monographs websites** (ranked by 2017 data and compared to 2016 figures)

Item	Downloads	
	2017	2016
Monograph Supplement 7: Overall Evaluations of Carcinogenicity: An Updating of IARC Monographs Volumes 1 to 42	181 170	66 295
IARC Monographs Classification List	167 707	165 424
Cancer Epidemiology: Principles and Methods	153 106	213 533
Monograph Volume 100C: Arsenic, Metals, Fibres, and Dusts	120 121	81 550
Press Release 240: IARC Monographs evaluate consumption of Red Meat and Processed Meat ( <i>announced on 26/10/2015</i> )	117 840	187 176
IARC Handbook of Cancer Prevention Volume 8: Fruit and Vegetables	98 966	62 212
Monograph Volume 99: Some Aromatic Amines, Organic Dyes, and Related Exposures	73 346	66 552
Monograph Volume 82: Some Traditional Herbal Medicines, Some Mycotoxins, Naphthalene and Styrene	65 903	62 402
"Blue Book" Pathology and Genetics of Tumours of the Digestive System – Third Edition	63 662	81 180
IARC News on Monographs Volume 112 (Some Organophosphate Insecticides and Herbicides: Diazinon, Glyphosate, Malathion, Parathion, and Tetrachlorvinphos) ( <i>announced on 01/06/2015</i> )	58 427	57 340

## Voluntary contributions to IARC (grants and contracts)

37. Voluntary contributions, obtained mainly through competitive research grants from national and international funding agencies, represent a substantial component of the Agency's overall funding requirement to successfully implement its programmes and Medium-Term Strategy (MTS). This income makes an important contribution to overall expenditure and provides added value to the investment made by Participating States through assessed contributions. The success in obtaining peer-reviewed funding is an external indicator of the overall quality of research at the Agency. The number of new grant applications and funding requests submitted in 2017 reached a total of 193 (Table 7) confirming the trend over previous years of a steady increase. This reflects the commitment of Agency scientists to secure sufficient extrabudgetary funds to conduct the research defined within the MTS.

38. The Agency signed extrabudgetary contracts amounting to a total value of €38.9 million in 2017, an increase of over €10 million (37.5%) on the previous year's figures. Of these extrabudgetary contracts €11.9 million was attributed to IARC, a €1.6 million (15.7%) increase on 2016. The large proportion of the total value of signed contracts going to IARC collaborators indicates that Agency participation in projects can bring benefits to a wide network of institutions and organizations at national level.

39. Overall the figures on extrabudgetary contracts represent a notable achievement given the increasingly competitive nature of research funding and the restrictions faced by the Agency in terms of eligibility for funding sources.

**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)
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
2017	193	65	38 931 975	11 855 145	11 357 348

<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.

40. Voluntary Contribution expenditure in 2017 was similar to previous years, at €11.4 million, representing approximately 34% of the overall expenditure by the Agency and just over 41% 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
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%
2017	22 056 836	34.0%	16 282 500	41.1%

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

## Resource Mobilization

41. The IARC regular budget 2018–2019 adopted by the GC at its 59<sup>th</sup> session resulted in a reduction of just under €1 million compared to the amount requested by the Secretariat. As outlined at the time of adoption of the reduced budget, a number of programmatic cuts had to be made as a result during 2017. These include: suspension of the IARC Fellowship Programme; change to a biennial rather than annual IARC Summer School; a reduction in the Director's Development Provision for novel research initiatives; reductions in budget allocations to international biobanking and to the IARC Monographs and Handbooks; as well as delays in some appointments.

42. Recognizing the constraints on the current funding sources for the Agency and the potential risks associated with a failure to maintain current levels of extrabudgetary income, the Secretariat has initiated a high-priority programme of resource mobilization. Indeed a number of the above-mentioned programme areas subjected to reductions have been taken forward as priorities for resource mobilization in order to fulfill the planned activities. The aim is to broaden and diversify IARC's funder base, particularly for direct contributions from non-traditional sources, to allow the Agency to continue to fulfil its mission, while ensuring independence and freedom from conflict of interest through compliance with the WHO Framework of Engagement with Non-State Actors (FENSA) (see also Document GC/60/17).

43. A range of initiatives have been taken over the past year focused along two complementary strands. First, to increase awareness of IARC scientists of the full range of available funding opportunities and to help identify potential new funding partners. Second, to increase the visibility of the Agency's activities by highlighting key achievements and engaging with new potential funding partners through provision of targeted information about specific flagship programmes.

44. In the context of the focus on resource mobilization, the following specific actions have been taken in 2017, with leadership provided by the current Administration and Finance Officer, Ms Angkana Santhiprechachit who has taken on the additional responsibilities of Head of Resource Mobilization, supported by colleagues in the IARC Grants Office:

- Creation of the IARC "Resource Mobilization Task Force" chaired by the IARC Director and comprising members from the Section of Support to Research, the Communications Group and senior scientists to oversee new initiatives and track ongoing activities.
- Development and launch of the "Resource Mobilization and Strategic Partnerships" site on the IARC intranet, providing access to: the "Project Portal" with information on funding applications and contracts as well as funding statistics; "Funder Intelligence Pages"

mapping the global cancer research funding landscape and providing a list of funding opportunities; a listing and information on all existing strategic partnerships (MoUs, etc).

- Launch of the updated "Donations" and "Funding" webpages.
- Initiation of the "IARC in 140 Characters", a novel approach to highlight IARC's international reach and scope of work through short videos of 140 different individuals from across the world collaborating with the Agency.
- Launch of the "Friends of IARC initiative" in December 2017, a group of senior cancer leaders that serve as witnesses to the work and values of the Agency and support IARC in reaching out to society and stakeholders.
- Development of brochures aimed at potential donors, describing specific IARC projects and the resource requirements to bring those projects to fruition.

45. The development of an "IARC Resource Mobilization Strategy" is underway to provide an overall direction to the future activities in this critical area. The experience gained over the last year has provided a number of clear lessons. First, resource mobilization has to be a "whole of Agency" effort, with input from scientists and administrative support staff. Second, partnerships with potential new donors will take time to develop and therefore the perspective must be medium- to long-term. Third, the Agency lacks a senior professional appointment with experience in international resource mobilization in the health sector. Such an appointment is now considered essential to harness the internal support available across the organization and to provide an outward-facing focal point for developing potential new partnerships.

## **Personnel**

46. The period since the last GC session has been characterized by the retirement of a number of senior scientific and administrative staff members. This has led to changes in leadership of a number of scientific and administrative Groups and Sections as well as some restructuring to meet the requirements of the Agency's research going forward (see current organizational chart at: [http://www.iarc.fr/en/research-groups/org\\_chart.pdf](http://www.iarc.fr/en/research-groups/org_chart.pdf)).

47. The following senior staff left the Agency since the last GC session, all but one due to reaching the mandatory age of retirement:

Mr Philippe Damiecki, Systems Analyst, Head ITS/SSR

Dr Silvia Franceschi, Special Advisor on NCDs and Head ICE/INF

Dr Ausrele Kesminiene, Scientist, Deputy-Head ENV

Dr Dana Loomis, Scientist, Head IMO/ESC

Dr Maimuna Mendy, Head LSB/DIR

Dr Hiroko Ohgaki, Scientist, Head MPA

Dr Rengaswamy Sankaranarayanan, Special Advisor on Cancer Control and Head EDP/SCR

Dr Nadia Slimani, Scientist, Head DEX/NME

48. The above departures led to a number of excellent external senior recruitments. Notably Dr Mary Schubauer-Berigan was appointed to the Monographs Group (IMO/ESC); Mr Francisco Lozano Alemany joined as Head ITS/SSR; Dr Zisis Kozlakidis was recruited to the position of Head of the Laboratory Services and Biobank Group (LSB/DIR); Dr Ian Cree joined IARC on 2 May and

took responsibility for the WHO Classification of Tumours ("Blue Books") as Head of the newly formed WCT/ESC upon the retirement of Dr Ohgaki in July 2017.

49. There were also opportunities for senior IARC scientists to take on new leadership roles. In the Early Detection and Prevention Section (EDP), Dr Maribel Almonte was appointed as Head of the Prevention and Implementation Group (PRI/EDP). Dr Partha Basu had been recruited to provide succession planning for the departure of Dr Sankaranarayanan and therefore was appointed as Head of the Screening Group (SCR/EDP). The SCR Group will be further strengthened with the appointment of Dr Neerja Bhatla.

50. The Section of Nutrition and Metabolism was restructured with the abolishment of the Dietary Exposure Assessment Group and creation of a new Group of Nutritional Methodology and Biostatistics (NMB/NME), with Dr Pietro Ferrari appointed as Head. Upon the departure of Dr Franceschi, Dr Gary Clifford was named as Acting Head of the Infections and Cancer Epidemiology Group (ICE/INF).

51. The number of staff positions on the regular budget for 2017–2018 has remained stable, with a total of 158.2 staff posts in 2018–2019 funded through the assessed contributions of Participating States compared to 158.28 posts in 2016 and 158.8 in 2017.

52. As of 1 March 2018 there were a total of 355 people working at the Agency: 237 staff members and 118 Early Career and Visiting Scientists (ECVS). For comparison the number of people working at the Agency in 2015, 2016 and 2017 was 329, 334 and 345 respectively.

53. Of the 233 fixed-term staff, 102 are Professional staff (49 men; 53 women) and 131 General Service staff (33 men; 98 women); in addition there are four temporary/short-term staff. Of the 102 Professional staff, 25 are in the support services; of the remaining 77 Professional staff, 47 are funded on the regular budget and 30 from extrabudgetary sources.

54. Since March 2017, a total of 14 staff members have arrived at the Agency: 6 Professional and 8 General Service. Over the same time period, 15 staff members left the Agency: 10 Professional and 5 General Service (10 retirements, 2 resignations and 3 separations).

55. The ECVS include 18 Trainees and Master's students, 27 Doctoral students, 49 Post-doctoral scientists, of whom 12 are Fellows supported by IARC awards, 10 Visiting Scientists, and 14 Senior Visiting Scientists, one of whom is in receipt of a Senior Visiting Scientist Award.

56. Overall, IARC personnel come from more than 50 different countries worldwide. Of the staff on fixed-term contracts, 91.42 % are from Participating States (213 out of 233).

57. As noted above, the Agency has slightly more women than men in professional staff positions (52% as of April 2017). However, at the senior level (P4 and above) the proportion is significantly lower (28%). The senior leadership of the Agency recognized this situation as something to be addressed, both in the short-term, in relation to the composition of the IARC Senior Leadership Team (SLT), but also in the medium- to long-term in a more strategic manner.

58. In 2017 the Director created the Women in Science Advisory Group (WiSA) to provide suggestions on how to promote career opportunities for women at the Agency. The WiSA reviewed with the Human Resources Office the data on employment of men and women at the Agency as well as the gender balance in short-listing, interviewing and appointments. The group also looked at the gender balance on Selection Committees. None of these areas presented any indications of imbalance but the under-representation of women at the most senior level was noted.

59. One of the recommendations from WiSA was to enhance representation of women on the SLT, including developing a greater focus on wider equality and diversity issues. In response the Director created the role of IARC Equality and Diversity Officer (and appointed Dr Kathryn Guyton) and changed the composition of the SLT to include this position as well as adding two other female staff members in senior positions to the Team, namely the Head of Education and Training (Ms Anouk Berger) and the Head of Resource Mobilization (Ms Angkana Santhiprechachit).

60. In order to continue to ensure equitable gender opportunities in applications for IARC senior positions, the Director formalized the requirement for all IARC Selection Committees to comprise at least two female staff members. The Agency will also specifically promote its advertisements for scientist positions through several professional societies for women in science. Where advertisements for senior positions (P4/P5) do not attract eligible female candidates by the deadline, the closing date for applications will be extended for two to four weeks.

61. To support not only recruitment but also retention of female scientists, the Agency is establishing a new central fund to financially support Groups/Sections during periods of maternity leave. The details of how this fund will be used will be developed with input from the SLT over the coming months.

62. The Agency will continue to invite outstanding women scientists to visit the Agency for its "Women in Science" seminars and roundtable sessions and will seek additional ways of engaging with leading female scientists to bring fresh ideas to support the above initiatives.

63. The Agency has made further significant progress in the provision of learning and development opportunities for IARC personnel in line with the areas of perceived need. The IARC Learning and Development (L&D) Framework was launched in September 2015 and since then the Human Resources Office (HRO) and the Education and Training Group (ETR) have aimed to offer joint learning opportunities to all personnel (staff members and ECVS) communicated and administered through the L&D Activity Intranet portal.

64. In 2017 information sessions were offered to update personnel on changes in staff rules, Staff Health Insurance, mandatory age of separation, and workplace harassment policy. In addition, the Learning and Discussion week, which was organized to bring awareness and have open discussions on priority areas emerging from the Work Climate Survey, attracted more than 200 participants.

65. A total of 45 in-house joint HRO-ETR face-to-face training sessions (consisting of 17 courses on core competencies and 28 on job-specific skills) were organized during 2017 and completed by 448 participants (see Table 9). The participation rates continuously improved since 2016 reaching 69% of the personnel in 2017.

**Table 9: Learning and Development Framework internal courses in 2017** (in brackets corresponding figures in 2016)

Type of training	No. of participants	
	Staff members	ECVS
Core competencies training	162 (93)	23 (35)
Job-specific training	100 (155)	163(133)
Total	262 (246)	186 (168)

66. Further to the launch of ilearn (WHO's online learning platform), 28 staff members completed 26 online courses offered by the platform. ECVS will be granted access as soon as login-related technical issues are resolved.

67. In addition, a number of external online courses were offered during 2017 in the areas of management skills, statistics and bioinformatics. The plan is to continue to expand online learning offerings in these areas. In 2018, emphasis will be placed on developing and providing supervisory, managerial and leadership training activities, including online and face-to-face sessions led by both external and internal facilitators (e.g. peer learning sessions).

68. 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. The review process was postponed for 2017 given the budgetary constraints faced in the 2018–2019 biennium.

### **Education and Training**

69. 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. A detailed report on ETR activities for the period 2015–2017 is presented in document GC/60/18. A summary of the indicators and activities of ETR in 2017 is presented below.

#### ***IARC Research Training and Fellowship Programme***

70. The Agency awarded 14 post-doctoral fellowships in 2017 comprising seven new awards and seven second year extensions, with the majority of fellowships (85%) given to scientists from LMICs (see Table 10). The seven fellowships extensions were co-funded by the EC Marie Skłodowska-Curie Actions (MSCA) FP7-COFUND programme and the IARC regular budget, whereas the new awards were funded exclusively by the IARC regular budget. One Return Grant (value €10 000) was awarded to a Fellow from India to partly fund a research project on return to her home country.

71. In view of IARC's ineligibility to apply for EC MSCA COFUND calls under the H2020 framework (as reported in 2016), the number of fellowships awarded within the current EC COFUND grant was decreased.

72. The overall reduction of the IARC 2018–2019 budget further adversely affected the Fellowship Programme, as mentioned earlier in this report. While efforts to identify extrabudgetary support continue, it was decided that the Postdoctoral Fellowship Programme would be suspended in 2018 (i.e. no call for applications in 2017). A decision about re-opening a call for Fellowships in 2018 will depend on securing alternative funding sources.

73. In future, the Agency plans to restrict the award of IARC Fellowships to candidates from LMICs. This measure is of particular importance as the focus on LMICs is central to the mission of IARC, especially regarding education and training. It is important to note that although the majority of the postdoctoral scientists at the Agency are now supported by funds from competitive grants (93/117 in the last three years), the majority of these are from high income countries (73 % in the same period).

**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
2014	21 (13 + 8)	12
2015	22 (10 + 12)	13
2016	17 (7 + 10)	10
2017	14 (7 + 7)	12

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

74. In 2017, the Agency granted one Senior Visiting Scientist Award to Dr John Brent Richards, Associate Professor of Medicine, Departments of Medicine, Human Genetics, Epidemiology and Biostatistics McGill University, Montreal, Canada.

75. A total of 182 ECVS (consisting of 96 new arrivals and 86 extensions) worked at IARC during 2017, with a 20% increase of new arrivals between 2015 and 2017. 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 ECVS Handbook.

76. A major review of the IARC Research Training and Fellowships Programme initiated in 2016, in consultation with individual scientists, with the Early Career Scientists Association (ECSA) and with input from an "Internal Working Group on Early Career Scientists Supervision and Policy", led to the update and publication of the ECVS Handbook in November 2017, with an implementation date of 1 January 2018. Main enhancements include the possibility for ECVS to have training appointments of two years' duration (funding permitting), to be named on grants as co-PI (under certain circumstances as PI), and to benefit from 16 weeks of maternity leave. Stipends of postdoctoral scientists were increased. Annual and sick leave conditions were also clarified.

77. In addition to the exchanges described above, ETR continues to work closely with ECSA on a number of areas to improve the quality of the training and hosting environment at IARC and to promote regular dialogue. A highlight of the year was the fourth ECSA Scientific Day successfully organized by the Association in May 2017, with the support of ETR.

78. 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 HRO, offered 21 courses to ECS in 2017 attended by more than 90 individuals. Online training opportunities were also offered.

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

79. The IARC Summer School on Cancer Epidemiology was held in Lyon in June–July 2017, with the goal of improving the methodological and practical skills of cancer researchers and health professionals. A new one-week Module “Implementing Cancer Prevention and Early Detection” was organized and ran in parallel with the Module “Cancer Survival Methods for Cancer Registries”, followed by the two-week Module “Introduction to Cancer Epidemiology”. Additional financial support was generously provided by the US National Cancer Institute (NCI) as well as by the Nordic Cancer Union (NCU). The Summer School was very well received by the 77 participants from 47 countries, around 90% from LMICs.

80. 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 of an increased number of courses continued in 2017, 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. The development of pathology capacity was also continued in 2017 through courses on this topic.

81. As shown in Table 11 below, the large increase reported in 2016 in 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 was maintained in 2017, demonstrating IARC's commitment to training despite the constraints on available resources.

**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>
2014	17	14	12	576
2015	24	14	11	647
2016*	36	23	19	1410
2017	32	16	15	1324

\* *Figures from 2016 differ slightly from those presented in the previous Director's report to the GC (Document GC/59/2), as some additional data were received after its conclusion.*

82. It is to be noted that 10 of the IARC courses (over 30%) were fully or partly run online (i.e. webinar series, online course or a blended approach combining online and face-to-face learning). This was made possible through the continued strengthening of the infrastructure set up in 2016 allowing the production and dissemination of online learning material. In particular, the IARC Online Learning Platform (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. Several online learning spaces were set-up by ETR, to support courses on cancer epidemiology, biobanking, cervical cancer screening, cancer prevention or cancer registration.

83. The video management system established in previous years was also further developed into a WebTV. In addition to available public IARC channels, IARC videos can also be easily embedded into any web page. The production of video-based resources took off in 2017, notably with the recording and publishing of IARC monthly seminars and the production of eLearning modules

combining videos, quizzes, and questions/comments boards. Webinar series were also organized, as a complementary way to reach out to a diversified audience.

84. Finally, a number of partnerships were developed or strengthened for the production of learning resources. The eight-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 again run in 2017, with scholarships to researchers from LMICs countries from the Region.

### **Research Support**

85. The Agency, through leadership from the Section of Support to Research (SSR), has continued to improve and streamline its administrative and management processes; change is driven by dialogue between the scientists and SSR staff, identifying the challenges and seeking optimal solutions.

86. A number of successful new ventures include the digital transformation project (including e-workflows on Collaborative Research Agreements, Agreements for Performance of Work, Manuscript Clearance and Human Resources Post Actions), streamlined processes (including Material Transfer Agreements and Data Transfer Agreements), implementation of a revised compensation package of international staff category established by the International Civil Service Commission (ICSC), a strengthened risk management framework, an IT roadmap, the Business Continuity Plan, the Nouveau Centre project, developing an IARC approach to FENSA, and preparation of the ECVS Handbook and related items.

87. Effective communication of change is vital to successful implementation. This is achieved through ad-hoc internal meetings, regular reporting to the 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.

88. The unqualified external audit opinion of IARC's 2017 accounts and full compliance with the International Public Sector Accounting Standards reiterates the continued strong performance of the Agency's financial controls and procedures. In addition, SSR addressed all audit recommendations from 2017. IARC continues to have no outstanding audit recommendations from previous years.

89. SSR continued to focus on initiatives to strengthen capacity, knowledge management and business intelligence across IARC. This included enhanced support to Scientific Groups on project management, enhanced IT support to bioinformatics and laboratory research, and the development of a supervisory and leadership training strategy, as part of IARC's learning and development framework.

90. One of the priorities in 2017 was to continue supporting the Director in efforts to strengthen IARC's capacity to mobilize financial resources by making a major contribution to the Resource Mobilization Task Force.

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

91. IARC's deteriorating infrastructure represents 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, water infiltration, and more recently the failure of multiple elevators. The City of Lyon continues to work closely with the Agency to conduct repair works.

92. 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 liaises regularly with the City of Lyon, keeping them informed of all incidents which are resolved on a case-by-case basis.

93. 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 2017, except for refurbishment of offices on the 4<sup>th</sup> floor to host new personnel in the GEP Group, refurbishment of some laboratories into offices on the 6<sup>th</sup> floor to welcome the new WCT Group, and securing the server room by replacing one Uninterrupted Power Supply and the air-conditioning and ventilation systems.

94. 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 GC in 2016, which was implemented throughout 2016 and early 2017 including an upgraded video surveillance system to secure IARC's perimeter, improved vehicle and personnel access control, and adjustments to the reception area.

95. At the beginning of 2017, SSR developed and published the IARC Business Continuity Plan, in order to be prepared for any major breakdown/disruption in the short- to medium-term prior to moving to the Nouveau Centre.

96. For the longer term, SSR worked on the Nouveau Centre project for which the Metropole selected the most compliant design and build project at the end of 2017 (Document GC/60/11 refers) by assessing five different contenders. SSR is working together with the Metropole in addressing administrative and legal aspects required prior to the physical move.

## **IARC Ethics Committee**

97. The IARC Ethics Committee (IEC) was composed of the following members in 2017:

### External members

- Dr Samar Al-Homoud (Saudi Arabia), surgeon
- Dr Michel Baduraux (France), medical doctor
- Pr Béatrice Fervers (France), oncologist (Chair)
- Mr Kris D'Hoore (France), due-diligence officer (from January 2017)
- Dr Hans Storm (Denmark), epidemiologist
- Pr Paolo Vineis (UK), epidemiologist (Vice-Chair)
- Dr Beatrice Wiafe Addai (Ghana), surgeon (until August 2017)

### IARC and WHO staff members

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

98. One external Committee member, Mr Kris D'Hoore, joined the committee at the beginning of the year as a lay member and one external Committee member, Dr Beatrice Wiafe Addai, completed her term of office in 2017.

99. The IEC met five times in 2017 (February, April, June, September, November) and evaluated 39 new projects and 25 re-submissions of projects previously reviewed:

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

100. In addition to the IEC, the IARC Ethics Advisory Group (EAG) composed of international bioethics experts comprising Dr Michael Parker and Dr Rodolfo Saracci (retired member) and new members Dr Emmanuelle Rial-Sebbag and Dr Giuseppe Testa, provides guidance on an ad hoc basis on areas where specialist expertise is not available within the IEC. One member, Dr Sheila McLean, completed her term of office for the EAG in 2017. The EAG was not consulted in 2017.

101. In 2017 the IEC has undertaken to work on a more explicit formalization of the different aspects of the ethical review of the applications submitted and the feedback given to the principal investigators, and will consult with the EAG for validation.

102. To ensure training in the ethical review of research proposals involving human subjects and an understanding of the international standards for health research ethics amongst IARC scientists, a general course on biomedical research ethics particularly aimed at early career scientists and a science café on the IEC procedures took place in 2017. The new IEC member obtained the certificate on WHO Global Health Research Ethics, as is compulsory for all IEC members.

103. To support IARC staff and facilitate the submission of projects for ethics review, new Templates (on Informed Consent, IEC Decision and Comments), a set of answers to Frequently Asked Questions and a new version of the IEC Questionnaire for Mac users, were developed. A new electronic platform covering the workflow for IEC project submission and evaluation is under development integrated in the IGO Projects Portal database.

104. The IEC successfully re-evaluated the EPIC cohort with regards to future research. The initial approval of the EPIC cohort by the IEC was given in 1995. The re-evaluation was requested by IARC-EPIC Principal Investigators and by the EPIC Steering Committee to support the requirement of ethics approval at various collaborating centres.

## **External relations**

### ***Meetings***

105. 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 in 2017 is provided in Annex 2.

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

106. IARC collaborates closely with UICC in a broad range of areas. The Agency again had a strong presence at the UICC's World Cancer Leaders' Summit in Mexico City in November 2017, and submitted proposals on topics for sessions to be led by IARC at the next World Cancer Congress which will take place in Kuala Lumpur in October 2018.

107. An important area of collaboration is in training and capacity development, where UICC provides valued support, including through the joint "UICC-IARC Development Fellowship" award to participants in the IARC Summer School in Cancer Epidemiology and through support to a course hosted by the Agency (masterclass on coding/staging).

108. The Agency participates in the Steering Committee of the International Cancer Control Partnership (ICCP), together with the UICC, the Centre for Global Health, NCI, USA and a range of other partners. The ICCP is engaged in supporting the development, implementation and evaluation of quality national cancer control plans worldwide.

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

109. The main area of collaboration with IAEA remains the imPACT Missions coordinated by IAEA's Programme Action for Cancer Therapy (PACT) and conducted in partnership with WHO and IARC. The imPACT Missions provide assessments of national cancer control capacity and make priority recommendations for strengthening cancer prevention and control programmes and policies in LMICs. The Mission reports are jointly endorsed by the three agencies with IARC being responsible for the areas of 'Cancer Registration and Information', 'Prevention' and 'Early Detection'.

110. The Agency also works closely with IAEA-PACT in the context of the UNIATF joint programme on Cervical Cancer, as mentioned above.

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

111. The Agency has a broad-range of collaborations with WHO, ranging from cooperation on specific projects through to supporting WHO's strategic leadership in the implementation of the NCD agenda. Some of these activities are highlighted at the start of this report and a specific document on this topic is submitted to the GC (Document GC/60/13) so they will not be covered further here.

### Annex 1: Specialized courses organized or co-organized by the IARC scientific Groups in 2017

*(courses which were fully or partly run online – i.e. webinar series, online course or blended approach - are shown in italics)*

Course title	Location	Number of participants	External collaborations
<i>B3Africa Webinars 4-6</i>	<i>Go-to-Webinar</i>	<i>15+14+17</i>	<i>Medical University of Graz, Swedish University of Agricultural Sciences</i>
Basic Cancer Registration Course	Sri Lanka	60	Regional Hub for Cancer Registration in South, South-East and Eastern Asia
Basic Cancer Registration Course	Myanmar	70	NCI Thailand; National Cancer Centre Japan
BCNet symposium - B3Africa in-person training	IARC	49	B3Africa consortium
<i>BCNet/BBMRI-ERIC Training for Pathologists and Pathology/Histo Technicians</i>	<i>Egypt</i>	<i>24</i>	<i>BBMRI-ERIC, Children's Cancer Hospital, Egypt</i>
Cancer Coding and Staging Masterclass	IARC	20	African Cancer Registry Network, WHO EURO
Cancer Registration methods and Strengthening Cancer Registries	Russia	33	WHO EURO, Moscow Research Institute for Oncology, Regional Hub for Cancer Registration in Northern Africa, Central and Western Asia
Cancer Registration Workshop	Gabon	20	African Cancer Registry Network / Regional Hub for Cancer Registration in Sub Saharan Africa
Cervical Cancer Screening using VIA and Management of Premalignant Lesions	Ecuador	6	Fundación Internacional Buen Samaritano Paul Martel Inc. (FIBUSPAM) and Instituto Nacional de Enfermedades Neoplásicas (INEN), Peru
<i>CICAMS-IARC Training course - Planning &amp; Implementing Cancer Control Programms</i>	<i>China</i>	<i>36</i>	<i>CICAMS</i>
<i>Essential TNM - Webinar Sessions (3)</i>	<i>Go-to-Webinar</i>	<i>97+97+92</i>	<i>IARC Regional Hub for Cancer Registration in Latin America/ National Cancer Registry Uruguay</i>
ESTAMPA update on colposcopy training, within the First International Congress of Colposcopy and Pathology of the Lower Genital Tract	Peru	25	Peruvian League Against Cancer; Ministry of Health of Peru; PAHO; WHO; ESTAMPA sites around Latin America

Course title	Location	Number of participants	External collaborations
Hands on training course in thermocoagulation for master trainer gynecologists (Participants from China)	India	4	Cancer Institute of Chinese Academy of Medical Sciences (CICAMS), Beijing, China; Christian Cancer Centre, Ambilikai, India
Hands-on Training of Pathology Technicians For capacity development & strengthening cytopathology, histopathology and immunohistochemistry services in Bangladesh	Bangladesh	12	The Bangabandhu, Sheikh Mujib Medical University (BSNNU), Dhaka, Bangladesh
ICAMA - Latin American Research Network in breast cancer: training in pathology and epidemiology	Colombia	15	PRECAMA collaborators in Latin America plus ICAMA colleagues from Guatemala
Intermediate Analysis Cancer Registration Course	Ecuador	18	IARC Regional Hub for Cancer Registration in Latin America; PAHO; INC Argentina; SOLCA Quito
Medical Statistics for Clinicians Training Course	India	50	Regional Cancer Centre, Trivandrum, India
Oncological screening	Russia	20	Petrov Oncology Research Institute, St. Petersburg, Russia
<i>Online regional transmission (Latin America) from Colombian NCI Coding Course</i>	<i>Colombia (virtual for the Region)</i>	<i>60</i>	<i>GICR Latin American Hub; WHO/PAHO Country Office in Colombia</i>
On-site training supplemented by a course	Belarus	20	Public Health England, United Kingdom; Loughborough University, United Kingdom
On-site visit a recognized centre on breast cancer screening	United Kingdom	6	Public Health England, United Kingdom
<i>SurvCan-3: Data collection for survival studies: follow-up using passive and active methods live webinar</i>	<i>Go-to-Webinar</i>	<i>34</i>	<i>Cancer Institute W.I.A. Chennai, India</i>
<i>Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection &amp; Management</i>	<i>India</i>	<i>7</i>	<i>Chittaranjan National Cancer Institute</i>
Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection & Management	India	15	Tata Memorial Centre Rural Cancer Project, Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi, Maharashtra, India;

Course title	Location	Number of participants	External collaborations
Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection & Management	India	8	Regional Cancer Centre, Trivandrum, India
<i>Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection &amp; Management</i>	<i>Bhutan</i>	<i>20</i>	<i>Ministry of health, Royal Government of Bhutan, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan</i>
<i>Training Course for Master Trainers in Cervical Cancer Prevention, Early Detection &amp; Management (Participants from Bangladesh and India)</i>	<i>India</i>	<i>18</i>	<i>Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh; Tata Memorial Centre Rural Cancer Project, Nargis Dutt Memorial Cancer Hospital (NDMCH), Barshi, Maharashtra, India; The WHO Country Office for Bangladesh</i>
Training course for service providers in thermocoagulation and loop electrosurgical excision procedure (LEEP)	China	36	Cancer Institute of Chinese Academy of Medical Sciences (CICAMS), Beijing, China; Inner Mongolia Provincial Health Services
Training Course in breast cancer awareness, prevention, early detection and treatment	Ghana	130	Breast Care International
Training Course on Colposcopy and LEEP Procedures in the Management of Abnormal Cervical Cancer Screening Results	Thailand	71	National Cancer Institute Thailand
Training course on planning, feasibility and piloting of the programme BELMED	Belarus	35	Public Health England, United Kingdom; WHO Europe

## Annex 2: Meetings held at IARC in 2017

Meeting Title	Date
PROLIFICA and related projects – Investigators meeting	9 January
IARC Fellowship Committee – Pre-selection meeting	20 January
53 <sup>rd</sup> Session of the IARC Scientific Council (SC53)	25–27 January
EPI-CT – Final meeting	30–31 January
IARC Ethics Committee meeting	9 February
PAPRICA – Investigators meeting	20 February
IARC Fellowship Committee – Selection meeting	9–10 March
French-American Doctoral Exchange Program – PhD students delegation	9 March
EPIC Metabolics – Investigators meeting	21 March
IARC Monographs Vol. 118: Welding, welding fumes and some related chemicals	21–28 March
IARC Ethics Committee meeting	6 April
Mapping and assessing the environmental and health impacts of the uraniferous gold mine tailings in South Africa – Investigators meeting	11–12 April
ESTAMPA – Data and Safety Monitoring Board meeting	19 April
WHO – Peer-Review Meeting for International Chemical Safety Cards programme	24–28 April
Cancer prevention recommendations for Latin America and the Caribbean – Scoping meeting	24–25 April
B3Africa – webinar “the Biobank in a Box (BiBBoX)”	27 April
PAPRICA – Investigators meeting	17 May
59 <sup>th</sup> Session of the IARC Governing Council (GC59)	18–19 May
GloboDiet – Knowledge transfer meeting between MRI and IARC	23 May
B3Africa – webinar “Bioinformatics”	30 May
IARC Ethics Committee meeting	1 June
Joint IARC-Instituto Superiore de Sanità (ISS) scientific exchange meeting	5–6 June
IARC Monographs Vol. 119: Some chemicals in food and consumer products	6–13 June
B3Africa – webinar “MTA/DTA”	27 June
Cancer Prevention Europe – Steering Committee meeting	6 September
PAPRICA – Investigators meeting	11 September
IARC Ethics Committee meeting	14 September
WHO Classification of Skin Tumours, 4 <sup>th</sup> edition – Consensus and editorial meeting	24–26 September
IARC Monographs Vol. 120: Benzene	10–17 October
Asbest study – Annual meeting of the Scientific Advisory Board and Study Team	19 October
Gambia Hepatitis Intervention Study – Progress Review meeting	24 October
VOYAGER project – Investigators meeting	25 October
Head and Neck Cancer Science Day	26 October
HPVC3 – Investigators meeting	27 October
WHO Classification of Neuroendocrine Tumours, 4 <sup>th</sup> edition – Consensus meeting	2–3 November
Joint IARC-NCI tumour workshop – “Difficult questions in colorectal cancer”	9–10 November
Joint IARC-Korean Society of Gastrointestinal Cancer meeting – “GI cancer prevention”	13 November

Meeting Title	Date
Joint WHO-IARC meeting – “Costing and prioritization for cancer control in Mexico”	13 November
IARC Handbooks Vol 17 – Colorectal cancer screening	14–21 November
IARC Ethics Committee meeting	23 November
BCNet Symposium and “B3Africa Training Workshop”	27 Nov.–1 Dec.
GICR project – “Coding and staging masterclass for cancer registrars”	4–8 December
'Estimation des prévalences d'exposition vie entière de la population française à des cancérogènes professionnels majeurs' – Investigators meeting	7 December
Joint IFCPC-IARC training course in “Colposcopy and prevention of cervical cancer – Objective Structured Clinical Examination”	11–12 December
CESTA project – Advisory meeting on methodology design	12 December