

International Agency for Research on Cancer



**Governing Council
Fifty-second Session**

**GC/52/Min.1
Original: ENGLISH**

*Lyon, 13–14 May 2010
Auditorium*

RESTRICTED DISTRIBUTION

MINUTES OF THE FIRST MEETING

IARC, Lyon

Thursday, 13 May 2010, at 09:10

Chairperson: Professor Lars E. Hanssen (Norway)

Secretary: Dr Christopher P. Wild, Director, IARC

CONTENTS

	Page
1. Opening of the session	4
2. Election of Vice-Chairperson and Rapporteur	4
3. Adoption of the agenda	4
4. Presentation and discussion of the Biennial Report 2008–2009	4
5. Address by the Director-General, WHO	7
6. Director's report	10
7. Report of the Forty-sixth session of the Scientific Council	20

Participating States Representatives

Professor Lars E. HANSSEN, <i>Chairperson</i> Mr Geir BUKHOLM Dr Henrietta BLANKSON	Norway
Dr Mark PALMER, <i>Vice-Chairperson</i>	United Kingdom of Great Britain and Northern Ireland
Dr Diane STEBER BÜCHLI, <i>Rapporteur</i>	Switzerland
Professor Jim BISHOP	Australia
Ms Simone MESNER	Austria
Dr Margareta HAELTERMAN Mr Lieven DE RAEDT	Belgium
Dr Morag PARK Ms Lucero HERNANDEZ Dr Howard MORRISON	Canada
Professor Herman AUTRUP	Denmark
Professor Pekka PUSKA	Finland
Ms Pascale FLAMANT Dr Rosemary ANCELLE-PARK	France
Dr Irene KEINHORST	Germany
<i>No Representative</i>	India
Ms Mary JACKSON	Ireland
Dr Stefano FAIS	Italy
Dr Masato MUGITANI Dr Takashi SUZUKI	Japan
Mr Jeroen HULLEMAN Ms Annemarieke RENDERING	Netherlands
Dr Duk-Hyoung LEE Dr Han-Suk KIM Dr Sohee PARK	Republic of Korea
Dr Oleg P. CHESTNOV Ms Nadezhda KULESHOVA	Russian Federation

Dr Carlos SEGOVIA	Spain
Professor Mats ULFENDAHL	Sweden
Mr James KULIKOWSKI Dr Joe HARFORD Dr Therese S. HUGHES	United States of America

World Health Organization

Dr Ala ALWAN, Assistant Director-General
Ms Joanne MCKEOUGH, Office of the Legal Counsel
Dr Andreas ULLRICH, Chronic Diseases Prevention and Management

Observers

Dr Marisa Dreyer BREITENBACH, National Cancer Institute, Rio de Janeiro, Brazil
Dr Harry COMBER, Outgoing Chairperson, Scientific Council
Dr Edgar RIVEDAL, Incoming Chairperson, Scientific Council

International Union Against Cancer (UICC)

Mr Cary ADAMS, Executive Director

External Audit

Shri J.N. GUPTA, Additional Deputy Comptroller and Auditor General of India

Secretariat

Dr C.P. WILD, *Secretary*
Dr H. LAFIF

Dr P. BRENNAN
Dr G. BYRNES
Dr V. COGLIANO
Ms D. D'AMICO
Dr D. FORMAN

Dr S. FRANCESCHI
Dr N. GAUDIN
Mr G. GUILLERMINET
Dr P. HAINAUT
Dr M. HEANUE
Dr Z. HERCEG
Dr O. KELM
Dr A. KESMINIENE
Mr P. KNOCHE

Dr F. LESUEUR
Dr H. OHGAKI
Dr I. ROMIEU
Dr R. SANKARANARAYANAN
Dr N. SLIMANI
Mr M. SMANS
Dr K. STRAIF
Dr M. TOMMASINO
Dr L. VON KARSA

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

The CHAIRPERSON declared open the Fifty-second Session of the Governing Council and welcomed participants.

He said that, with the agreement of the Governing Council, he would allow a representative of Brazil, a former Participating State, to attend the session as an observer. Unfortunately, the observer for China was unable to attend the session as planned.

Dr Breitenbach (Brazil) took a place in the meeting room as an observer.

The SECRETARY likewise welcomed all participants.

2. ELECTION OF VICE-CHAIRPERSON AND RAPPORTEUR: Item 2 of the Provisional Agenda

On the proposal of Professor AUTRUP (Denmark), Dr Palmer (United Kingdom of Great Britain and Northern Ireland) was elected Vice-Chairperson, the proposal being seconded by Professor PUSKA (Finland) and Mr HULLEMAN (Netherlands).

On the proposal of Mr HULLEMAN (Netherlands), Dr Steber Büchli (Switzerland) was elected Rapporteur, the proposal being seconded by Professor AUTRUP (Denmark).

3. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (Document GC/52/1 (Prov.))

The agenda was **adopted**.

4. PRESENTATION AND DISCUSSION OF THE BIENNIAL REPORT 2008–2009: Item 4 of the Agenda (Document GC/52/2)

The SECRETARY, illustrating his remarks with slides, presented the Biennial Report 2008–2009 (Document GC/52/2). Among the major achievements of the biennium had been the Agency's work on the description of the global cancer burden. Volume IX of *Cancer incidence in five continents* had been published in 2009. Volumes I–VIII would shortly be available for download free of charge on the Agency's website, along with a new tool, CI5 ADDS, which would allow users to analyse trends in cancer incidence both over time and between different cancer registries. The 2008 update of the GLOBOCAN estimates of cancer incidence and mortality for all countries of the world would likewise be released shortly. Version 5 of the CANREG software for cancer registries was now in use, with technical support available from the Agency where required.

The GLOBOCAN website was designed to be as user-friendly as possible, particularly for decision-makers planning cancer control programmes. For instance, it provided fact sheets on particular cancers or regions of the world, with data disaggregated by sex, age and geographical distribution. Data could also be displayed in the form of maps and bar or pie charts. The website included predictions of the future cancer burden, with predicted incidence and mortality rates for individual countries to 2030, with the figures based only on current demographic trends rather than any additional underlying changes in incidence.

All the expert meetings required for the publication of Volume 100 of the Monographs programme had now taken place. One hundred and sixty experts from 28 countries had examined over 100 Group 1 carcinogens. They had identified several new cancer risks to humans, including exposure to ultraviolet tanning devices, and had linked a number of known carcinogens to new tumour sites.

The latest publication in the WHO/IARC Classification of Tumours series ("Blue Books"), the *WHO classification of tumours of haematopoietic and lymphoid tissues*, 4th ed., published in 2008, had sold almost 22 000 copies during 2009, bringing revenue of approximately 1 million Swiss francs to the Agency. A recent consensus and editorial meeting on tumours of the digestive system had brought together 105 experts.

The scientific highlights of the Agency's work over the previous biennium included a study of human papillomavirus (HPV) prevalence worldwide, which showed an enormous variation in prevalence from over 50% in Guinea to less than 5% in Viet Nam. Complementary laboratory research sought to identify key events in the process of carcinogenesis and the role played by various subtypes of the HPV virus. A cluster-randomized trial of approaches to HPV screening in India had been published in the *New England Journal of Medicine*, showing that deaths from cervical cancer had fallen by 50% in women who had undergone DNA testing for HPV. The research area demonstrated how an integration of epidemiology and laboratory sciences could contribute to prevention strategies.

The Gambia Hepatitis Intervention Study (GHIS), which had investigated the effect of large-scale hepatitis immunization on the incidence of cirrhosis of the liver and liver cancer since the 1980s, was a fine example of the potential public health and capacity-building impact of a research project in a low-resource country. Recent unpublished data showed a rate of hepatitis B infection among children aged 1–5 of just 0.05%, compared with 15–20% at the beginning of the study.

The Agency had participated in a retrospective case-control study of alcohol and cause-specific mortality in the Russian Federation, which had been shortlisted for the title of "Paper of the Year 2009" in the journal *The Lancet*. The research had shown that over 50% of adult deaths in the research period had been associated with alcohol consumption.

The Agency had participated in a number of genome-wide association studies, including research which had identified a locus in chromosome region 15q25 containing three genes which encoded nicotinic acetylcholine receptor subunits; that region was strongly associated with lung cancer. Those findings had stimulated research in the Section of Mechanisms of Carcinogenesis and the Section of Genetics into the mechanisms which promoted the appearance of lung cancer.

The Agency had been awarded a number of major grants during the biennium in respect of, inter alia, the Monographs programme, kidney cancer genomics and the Fellowships Programme. Postdoctoral fellowships had been awarded to candidates from China, India, Indonesia, Mongolia, the Russian Federation and Thailand, and two senior visiting scientist awards had been given to Julian Peto and David Richardson. The Agency was grateful for the support of the Italian Association for Cancer Research and the European Union. Over 120 scientists had participated in the IARC Summer Schools in 2008 and 2009: sound working relationships had been established, which would be maintained when the scientists returned to their own countries. In closing, he recalled the Medals of Honour awarded to two eminent scientists in the field of cervical cancer on the occasion of IARC Day in 2009: Nubia Muñoz and Harald zur Hausen.

Ms FLAMANT (France) commended the Director and his staff on the excellent work described in the Biennial Report. The Agency had an essential role to play in the dissemination and analysis of reliable reference data, of which the GLOBOCAN project and the Monographs were two valuable examples.

Professor BISHOP (Australia) asked whether the Director had any plans to publish projections of the future cancer burden associated with key determinants of health such as obesity and tobacco smoking.

Professor PUSKA (Finland) welcomed the progress demonstrated in the Biennial Report. The Agency's collaboration with a wide range of partners and its dissemination of reference data were extremely valuable. Its research contributed to efforts to control all noncommunicable diseases. His country was particularly interested in the Agency's work on the strategy for cervical cancer control, the links between diet, physical activity and cancer and, in particular, the complex relationship between alcohol consumption and cancer.

Mr KULIKOWSKI (United States of America) congratulated the Director on the quality of work conducted at the Agency, and welcomed its increasing focus on the global cancer burden and its effective use of its relationships with research partners. The staff's record of publications in high-impact journals was impressive. His country particularly welcomed the Agency's work on cervical cancer and HPV, its growing collaboration with low- and medium-resource countries and its emphasis on prevention activities, education and training.

The SECRETARY thanked members for their support and appreciation. In respect of cancer prevalence data and projections of the future global cancer burden, he felt that it was important to work together with WHO Headquarters in order to identify gaps where the Agency could make a genuine contribution. For instance, the week before, staff from WHO Headquarters had requested information on the global prevalence of hepatitis B and hepatitis C, which were due to be discussed at the forthcoming World Health Assembly. The Agency had also worked closely

with WHO in the preparation of its guidance on cervical cancer prevention. It had strengthened its activities in the field of nutrition over the previous year, with the creation of the Section of Nutrition and Metabolism. It was developing a research programme with the Government of France on the etiological associations between alcohol and cancer, and there were plans for the publication of a handbook which would include some guidance on prevention.

Dr STEBER BÜCHLI (Switzerland), Rapporteur, read out the following draft resolution on the IARC Biennial Report 2008–2009 (Resolution GC/52/R1):

The Governing Council,

Having reviewed the IARC Biennial Report for 2008–2009 (Document GC/52/2),

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

The draft resolution was **adopted**.

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

Dr ALWAN (Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO), speaking on behalf of the WHO Director-General, Dr Margaret Chan, expressed his appreciation of the close coordination and collaboration between WHO Headquarters, the six regional offices and the Agency under the Director's able leadership. Over the next five years, under its Medium-term strategy, the Agency would generate strategic evidence which would enable policy-makers to draw up a common evidence base and strengthen their strategies for cancer prevention and control.

The global burden of cancer continued to increase. Two thirds of the total of over 11 million people who had contracted cancer in 2004 lived in developing countries – a figure which was expected to double over the next 20 years. Cancer and other noncommunicable diseases once associated with affluence now imposed the greatest burden on poor and disadvantaged groups and on low- and middle-income countries. Of the estimated 9 million people who died prematurely – i.e. before the age of 60 – every year from cancer or another noncommunicable disease, 8 million came from developing countries. Deaths from noncommunicable diseases were predicted to increase between 2005 and 2015 by 27% in Africa, 25% in the Middle East and 21% in Asia and the Pacific.

The rapid rise of cancer in developing countries brought the burden of long-term care on health systems and budgets into stark relief. Promoting good health was a powerful poverty reduction strategy, while inaction in health promotion and cancer prevention could only serve to increase poverty. The cost of health care alone could drive households below the poverty line. Developing countries were hit the hardest by the cancer burden, but had the least capacity to cope. At a household level, the World Bank estimated that one third of the poorest two income quintiles in developing countries died prematurely from cancer or other noncommunicable

diseases because health systems could not respond effectively or equitably to their needs. International development agencies provided very little support in that area: the greatest burden of preventable death and disability, in both rich and poor countries, was caused by the conditions that received the least official development assistance – an omission which must be urgently addressed.

Fortunately, however, the need to increase the priority accorded to cancer and other noncommunicable diseases in global and national development was now increasingly recognized. The Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, adopted by the World Health Assembly in 2008, comprised six main objectives designed to reverse the trend of premature death from cancer and other noncommunicable diseases. The Agency's Medium-term strategy for 2010–2014 could contribute to each of those objectives.

The first objective of the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases was to raise the priority accorded to noncommunicable diseases in global and national development. A number of low-, middle- and high-income countries had drawn up a draft resolution for the United Nations General Assembly, calling on global development initiatives to take into account the prevention and control of cancer and other noncommunicable diseases and calling for a special session of the General Assembly on noncommunicable diseases to be convened in 2011. The Agency's work in describing the global cancer burden and its well-designed, large-scale, population-based international surveys would help to build up and publicize the evidence base and surveillance data needed to inform policy-makers. Its work in etiology made use of interdisciplinary expertise and promoted approaches to policy development which involved all government departments, ensuring that cancer received an appropriate cross-sectoral response. Health gains could be achieved much more readily by influencing public policy in sectors such as trade, taxation, education, agriculture, urban development and food and pharmaceutical production than by making changes in health policy alone.

The second objective was to draw up coordinated national health strategies and action plans against noncommunicable diseases, including a strong component of cancer prevention and control. Many countries in Africa and other regions were developing national programmes to halt and reverse the trend of premature death from cancer and other noncommunicable diseases. The Agency's research on the effectiveness of intervention strategies would support countries in the establishment or strengthening of their national cancer control plans. Its evaluation of health promotion programmes aimed at reducing exposure to risk factors, including hepatitis B virus and human papillomavirus, and with a particular focus on Africa, would contribute to standards of prevention and health care for common cancers incorporated into primary health care.

The third objective was to reduce the exposure of populations and individuals to tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity – the modifiable risk factors common to cancer, cardiovascular disease, diabetes and chronic lung disease. The Agency had provided sound scientific evidence to back up the measures and recommendations included in the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health and the draft global strategy to reduce the harmful use of alcohol, which would be submitted to the World Health Assembly the following week. Current studies to map

the risk of cancer caused by infections would also be important for cancer prevention. The Medium-term strategy prioritized research into cancer prevention in order to provide new evidence to justify those strategies.

The fourth objective of the Action Plan was to promote research specifically focusing on prevention. There was a need for new evidence to refine and strengthen existing cancer prevention initiatives. He welcomed the emphasis in the Medium-term strategy on close collaboration with other parts of WHO to provide stronger evidence which specifically addressed implementation research. The Agency's emphasis on training and building research capacity would make an important contribution to that aim. The Agency worked closely with the WHO Noncommunicable Diseases and Mental Health cluster to develop a prioritized research agenda with a particular focus on developing countries. Its education and training programme would encourage young scientists to strengthen the capacity of developing countries in cancer research and to contribute to collaborative research through bilateral and multilateral multicentre projects.

The fifth objective was to promote strong international partnerships to provide an effective public health response to the global threat posed by cancer. Results-oriented and collaborative efforts and alliances were essential components of any global national strategy, particularly since national and institutional budgets were often limited. Global partnerships, networking and the sharing of experiences would be strengthened by the recent establishment, by the United Nations Economic and Social Council, of the Global Noncommunicable Diseases Network (NCDNet). The Agency's communications strategy would be essential to the Network's success.

The sixth and final objective was to monitor noncommunicable diseases and their determinants and to evaluate progress at national, regional and global level. The first Global Status Report on Noncommunicable Diseases, to be submitted in December 2010, would reflect the Agency's work on cancer monitoring. It was essential to integrate cancer surveillance into overall global health monitoring. In many developing countries, surveillance of noncommunicable diseases was weak and, even where it existed, it was not integrated into national health information systems. WHO had established an Epidemiology Reference Group and had contributed to the development of core indicators for surveillance and global monitoring. He hoped that the Agency would continue to be actively involved in the work of the Group.

There was a pressing need for national authorities to give higher priority and show greater political commitment to the prevention of cancers and other noncommunicable diseases. The WHO Framework Convention on Tobacco Control provided an effective model for collaboration among a wide range of stakeholders which had not generally worked together in the past.

The following week, the World Health Assembly would discuss two new policy instruments: the draft global strategy to reduce the harmful use of alcohol and recommendations on the marketing of foods and non-alcoholic beverages to children. Both instruments defined cost-effective policy interventions, multisectoral action and programmes for advocacy, community mobilization, health systems organization and delivery, legislation and regulation.

The Global Strategy for the Prevention and Control of Noncommunicable Diseases identified three priorities which all countries should address: the establishment of a surveillance system under the national health information system; reducing exposure to risk factors to prevent

disease; and improving health care with the emphasis on primary health care. The emphasis in the Agency's Medium-term strategy on global cancer information, identification of the causes of cancer and the evaluation of prevention and health promotion programmes was highly relevant to the Global Strategy.

The SECRETARY welcomed the increased communication and sharing of common goals which had marked the collaboration between the Agency and WHO Headquarters over the previous year. The staff of the two organizations worked closely together, particularly at project level. Over the next year, he aimed to ensure that the correct priorities were chosen and that the Agency's research duly supported WHO policy. He fully agreed with the emphasis placed by Dr Alwan on the situation in low- and middle-income countries, on prevention and on information about the global cancer burden. He also wished to concentrate on identification of the causes of cancer. However, in the case of many cancers, the relevant risk factors were still not known, and it was therefore important to maintain a balance between research in prevention, etiology and implementation. He emphasized however the balance he had to find for Agency scientists in participating in advisory groups with WHO and having the time for the conduct of research. The Agency's role was to generate new evidence for the preparation of guidance and policy, for which there was an increasing demand, while maintaining its own core focus on research.

Professor BISHOP (Australia) welcomed the emphasis placed by Dr Alwan on high-quality prevention and intervention research. A great deal of evidence had been accumulated for tobacco control, but more research was needed to find effective interventions related to alcohol consumption, diet and physical activity. Prevention and intervention research were often neglected in national cancer control programmes: developing countries, in particular, needed to know which low-cost interventions would work.

Dr KEINHORST (Germany) commended the Agency and WHO Headquarters on their effective collaboration and the avoidance of duplication in their activities.

The CHAIRPERSON thanked Dr Alwan for attending the session.

6. DIRECTOR'S REPORT: Item 6 of the Agenda (Document GC/52/3 and Corr.1)

The SECRETARY, introducing his report (GC/52/3 and Corr.1) and illustrating his remarks with slides, said that he would welcome feedback from members on the range and depth of the information provided in the Director's report, which he had made available in writing in advance of the session for the second year running. He provided statistics on the global burden of cancer, using new data from the GLOBOCAN project dating from 2008. In that year, there had been an estimated 12.7 million new cases of cancer, of which 7 million had occurred in less developed regions. Cancer mortality was higher in less developed than in more developed

regions, partly because of poor access to diagnosis and treatment services, but also because cancers with higher mortality, such as those of the stomach, liver and oesophagus, occurred more commonly in those regions. Almost 20% of cancer deaths worldwide were caused by lung cancer.

The projected figure for new cases of cancer, based purely on the demographic trends associated with a growing and ageing world population, was estimated at over 20 million throughout the world by 2030. If the estimate had included a 1% increase in cancer incidence as well, the figure would have been over 25 million. The burden of both cancer incidence and cancer deaths would be much higher in less developed regions. The projections showed that improvements in early diagnosis and treatment could not reduce the cancer burden by themselves: it was essential to devote resources to cancer prevention and to focus on low- and middle-income countries – both of which were major elements of the Agency's Medium-term strategy.

One third of cancers were preventable based on current knowledge, and prevention activities were thus a cost-effective response. However, around 90% of cancers had an environmental cause, including environmental chemicals, obesity, infections, etc., which indicated a need for research on the causes of cancer. A balance would need to be maintained between the two. The environmental aspects of cancer had been highlighted at the IARC Day ceremony the day before, where the IARC Medals of Honour had been awarded to Professor Gerald Wogan for his work on aflatoxins and to Professor Julian Peto for his work on asbestos.

He gave details of the current organizational structure of the Agency (see Document GC/52/3, para. 18). Heads of all the Sections had been appointed, but two group head posts were still vacant. Dr Joachim Schüz had been recruited as Head of the Environment Section and Lifestyle and Cancer Group, Dr Maimuna Mendy as Head of the Laboratory Services and Biobank Group, and a medical hepatologist, to be Head of the Gambia Hepatitis Intervention Study, is under recruitment.

On the administrative side, two extra support staff had been employed in the Human Resources Office which, he hoped, would enable the Office to provide more support for career development. Two Web specialists and a translator were being recruited for the Communications Group.

He gave advance notice of two procedural decisions which the Governing Council would need to consider in 2011. The Agency had adopted the International Public Sector Accounting Standards (IPSAS), and expected to be fully compliant by the end of 2010. However, its accounts could no longer be shown in WHO's financial statements and reports as a "trust fund". The Agency's legal status and affiliation to WHO would remain unchanged, but formal amendments to Article 2.1 of its Financial Regulations and Article VIII.8 of its Statute, reflecting the new accounting situation, would be submitted to the next session of the Governing Council for adoption (see Document GC/52/3, para. 27 and Annex 1).

He had continued his efforts to improve internal communications within the Agency, including regular presentations to staff, open-door sessions, meetings with the Staff Association Committee and IARC Staff Day, due to be held next on 30 September. The new video facilities enabled staff to follow the proceedings of the current session, for example.

On the issue of harassment of staff, he said that the WHO Ombudsman had visited the Agency twice so far that year, accompanied by the WHO Director of Human Resources (see Document GC/52/3, para. 36). The Ombudsman had concluded that, while two or three cases required action, harassment was not a systemic problem within the Agency. A new in-house policy on harassment had been drawn up and was now on the IARC intranet, and the staff were clearly informed of the sources of support open to them. The work climate survey would be repeated in 2011, with an expanded section on harassment.

He gave details of current staffing levels at the Agency (see Document GC/52/3, paras. 44–49). The large number of visiting and postdoctoral scientists and research students contributed greatly to the scientific richness of the Agency's work. The IARC Staff Award had been introduced in 2009 to mark the contribution of staff who had served the Agency for over 30 years. It was also important to ensure adequate succession planning in order to replace those long-serving staff, many of them in vital support posts.

A number of senior staff had been recruited. In addition to the Director of Administration and Finance, Dr Lafif, and the Head of the Section of Environment, Dr Schüz, the Agency had welcomed Dr David Forman and Dr Freddie Bray to the Section of Cancer Information and Dr Isabelle Romieu as Head of the Section of Nutrition and Metabolism.

Turning to building works and renovations, he said that negotiations were under way with the City of Lyon about the ongoing renovation and maintenance of the IARC Tower (see Document GC/52/3, para. 50). The sound system in the Auditorium had been replaced, and extensive renovation work had been carried out in the Biological Resources Building following flooding during the winter. He had commissioned studies on the Agency's carbon footprint and energy consumption.

On the subject of publications, he said that he had attempted to present the information in a format compatible with the proposed key performance indicators. Agency staff had published over 300 articles in 140 journals, 75% of them peer-reviewed publications (see Document GC/52/3, para. 54 et seq.). Annex 2, Table 1 of Document GC/52/3 showed that approximately one half of the publications had appeared in journals recognized as being in the top 20% of journals in the particular scientific field concerned. That criterion did not always give an entirely reliable picture, but he felt that it was more informative than the overall impact factor of the journals. Moreover, many of the papers were co-authored by scientists from low- and medium-resource countries, for whom it was important to publish, even in less prestigious journals. Most publications were in the fields of public, environmental and occupational health, genetics and heredity, general and internal medicine and oncology.

The results of the Interphone study on cancer risk related to mobile phone use were due to be published the following week.

Approximately 31 000 copies of Agency publications had been sold in 2009, of which 93% were books in the WHO/IARC Classification of Tumours ("Blue Books") series (see Document GC/52/3, para. 60). The new agreement with WHO Press would ensure that a higher percentage of the profits from those publications reverted to the Agency. The Agency encouraged WHO Press to promote publications other than the Blue Books, but it was also making as many publications as possible available free of charge on its website, which would reduce the volume of commercial sales. The volume of sales and the revenue accrued were shown in Annex 2, Tables 2 and 3 of Document GC/52/3.

He commended his staff for their hard work in tackling the backlog in the publication of the IARC Monographs: Vol. 92, *Some non-heterocyclic polycyclic aromatic hydrocarbons and some related exposures*, and Vol. 95, *Household use of solid fuels and high-temperature frying*, were now available on the Agency website, and Vol. 92 was also available in print.

Corrected figures for voluntary contributions to the Agency, mostly consisting of research grant funding, were shown in Document GC/52/3 Corr.1. The level of voluntary contributions fluctuated considerably from year to year. He expressed his appreciation to the donors, especially the European Union, the United States National Institutes of Health and governmental and charitable donors in France, for that funding, which made an invaluable contribution to the research called for in the Medium-term strategy. He would welcome guidance from the Governing Council about the most informative way of presenting data about voluntary contributions: Tables 4 and 5 in Document GC/52/3 Corr. 1 showed the total value of signed contracts, the proportion of those contracts attributed to the Agency as one partner in a multicentre study (which demonstrated the extent of its collaboration with other research partners), the expenditure of voluntary contributions and a comparison between expenditure of voluntary contributions and expenditure of voluntary contributions plus regular budget resources, with separate figures for regular budget expenditure on scientific programmes and overall regular budget expenditure, including administrative costs.

On the subject of education and training, he said that an ad hoc meeting of the International Advisory Group on the role of education and training in the Agency had taken place in November 2009. A new Education and Training Group had been established, headed by a professional-grade staff member, to oversee the Fellowship Programme and the IARC Summer School and other courses. Annex 2, Table 6 of Document GC/52/3 showed the number of fellowships awarded. At present, all fellows came from low-or middle income countries, but from 2010 fellows from high-income countries could be appointed with priority to projects implemented in low-income countries. Annex 2, Table 7 showed the number of courses held, the number of countries where they had taken place, including low- and middle-income countries, and the number of participants. Many courses, particularly training courses in cervical cancer screening and cancer registration, took place in conjunction with national partners.

The Agency's new ethics committee, the Institutional Review Board, had held its first meeting in April 2010. It included representatives from low-and middle-income countries. Three or four meetings would be held every year, making use of the Agency's new videoconferencing facilities as far as possible.

The Agency collaborated extensively with other organizations, including the International Atomic Energy Agency and the International Union Against Cancer. It provided the secretariat for the International Association of Cancer Registries and the European Network of Cancer Registries. Its collaboration with WHO, about which Dr Alwan had already spoken, included fruitful discussions with the Head of the Convention Secretariat of the WHO Framework Convention on Tobacco Control, as well as close cooperation with individual WHO clusters and units. He hoped to focus more closely on the most urgent priorities of the two organizations over the coming year.

In closing, he wished to share with the Governing Council his vision of the Agency's role in cancer prevention and the opportunities open to it in the future. The increasing global burden of cancer called for a special focus on prevention, especially in low-and middle-income countries. The world increasingly looked to the Agency, with its global reputation, for leadership in cancer control, including cancer etiology, prevention, implementation research, cancer registration and training. An increase in its resources would transform its ability to meet that challenge.

Under the current organizational structure, section or group heads, each fully qualified to supervise a large research team, were in charge of only a small number of professional scientists. Indeed, at the time of his own arrival at the Agency, he had found that Dr Sankaranarayanan, head of successful international research programmes, had no professional staff under him at all – a state of affairs which had implications both for current activities and for succession planning. The Agency did not have enough posts for the mid-career scientists who conducted fieldwork or prepared funding applications, and who could later make use of the experience they had accumulated to strengthen research capacity in their own countries.

If the Agency was to make the changes he considered desirable, it would require more resources. Those might be obtained by increasing the income from existing Participating States, recruiting additional Participating States or obtaining more extrabudgetary funding. There was potential for increased extrabudgetary funding from Participating States other than the current major donors, France and the United States of America, but long-term planning was more difficult with that type of funding. An additional €5 million on the regular budget would be equivalent to an increase of approximately €250 000 for each current Participating State or the contributions of 5–7 new Participating States. Even half that amount would permit an investment equivalent to 30 junior scientist posts.

The Agency faced increasing challenges, but also great opportunities. He felt a responsibility to make clear to the Governing Council the extent of those opportunities and the resources which he considered necessary to make the most of them. The Governing Council would then be in full possession of the facts in future discussions on the funding of the Agency.

Dr PALMER (United Kingdom of Great Britain and Northern Ireland), Vice-Chairperson, welcomed the submission of the Director's Report in written form in advance of the session. The layout of the report made clear various aspects of the Agency's work. The information provided was not only for the members themselves: they also used it to make a case for continued support for the Agency with their own governments.

In respect of publications, he suggested that a comparison of the impact of the journals in which the Agency's research was published with the average global impact of all journals might be a useful indication of added value derived from the Agency's activities.

Finally, he asked whether the Director had identified any barriers hampering the recruitment of senior staff to the Agency. Was the salary structure appropriate, for example?

The SECRETARY said that one barrier to senior staff recruitment was the fact that, under WHO regulations, the Agency could only offer a two-year fixed-term appointment in the first instance, which might not be attractive to a senior scientist already occupying a tenured position at another institution. The official WHO retirement age of 62 was also a problem for senior scientists in their mid-50s, who would expect to work on for much longer: however, the Director-General of WHO did have the discretion to extend appointments beyond the official retirement age. Another barrier was the difficulty experienced by spouses or partners of staff who did not have European Union nationality in obtaining permission to work in France.

Professor PUSKA (Finland) said that, ideally, the Agency's activities would be financed as far as possible from the regular budget. In the current financial climate, however, it was more realistic to look for extrabudgetary funding, but that brought with it the danger of undue external influence on the Agency's work. What principles did the Director observe when seeking extrabudgetary funding?

The SECRETARY said that extrabudgetary funding was sought only in respect of project areas already included in the Medium-term strategy, which was approved by the Scientific and Governing Councils. No funding was sought from the private sector, particularly in view of the Agency's commitment to sensitive programmes whose scientific independence must remain beyond doubt, such as the IARC Monographs.

Ms FLAMANT (France) welcomed the manifest improvement in relations between the administration and the staff. The Government of France, as the host country, had participated in the negotiations between the Agency and the City of Lyon about the maintenance and refurbishment of the IARC building. She assured the Governing Council that the City of Lyon was fully prepared to fulfil its responsibilities as the owner of the building.

The regular budget was not likely to increase substantially in the near future. In view of the acknowledged quality of the Agency's scientific work, as exemplified by its excellent publications record, she saw no reason why it should not be successful in applications for extrabudgetary funding. It should seek funding from as wide a range of sources as possible.

The SECRETARY said that, given the relatively small size of the scientific staff, time spent preparing grant applications must be balanced against the time required to carry out the technical work which was the Agency's core business. In addition, the Agency, as an international agency, was obliged to confine itself to a limited range of sources of extrabudgetary funding. For instance, with the exception of funding from the host country, France, it sought extrabudgetary funding from national funding institutions only as a partner in a consortium. More funding might be available from national institutions in other countries, but the issue was a sensitive one.

He acknowledged that the current economic situation was not conducive to large budget increases. His reference to an increase in the regular budget had been intended to illustrate the added value which a theoretical budget increase could create, expressed in terms of the current regular budget.

Dr FAIS (Italy) said that the Agency should not rule out the possibility of applying to selected private-sector institutions, such as charitable foundations. In addition, Participating State governments could encourage private individuals to make small, direct donations.

The SECRETARY said that the Agency did receive funding from charitable foundations, such as the grants in recent years of approximately US\$ 25 million for research into HPV and cervical cancer screening from the Bill and Melinda Gates Foundation. It had thus far avoided soliciting direct donations from individuals, because of the danger of appropriating donations which would otherwise go to national cancer charities. Of course, it often applied to those same charities for research funding.

Dr KEINHORST (Germany) said that, while an increase in the regular budget was certainly desirable in principle, members should keep in mind the difficulties encountered during the budget negotiations the previous year. Her own country had had to absorb an increase of €220 000 in its contribution as a result of the changeover from the United States dollar to the euro as the accounting currency of the Agency. If the Director were to go ahead with his request for an increase in contributions of €250 000 from each Participating State, would the same principle apply as in the regular budget, namely that some Participating States – including her own – would pay more, while others would pay less? She would find it extremely difficult to obtain the agreement of her Ministry of Finance for such a proposal. A request to increase contributions on that scale would need to be accompanied by a detailed implementation proposal, including a precise timeframe and all financial implications.

The SECRETARY said that the figure of €250 000 had merely been intended to give an indication of the extra resources required to bring about the changes he hoped to see.

Dr LAFIF (Director of Administration and Finance), replying to a question from Dr HAELTERMAN (Belgium) about the proposed changes to the Agency's financial regulations, said that WHO had decided that entities associated with the Organization but with a separate budget, including the Agency and UNAIDS, should no longer be reported in its own financial statements. The change was also necessary now that the Agency had achieved compliance with the International Public Sector Accounting Standards (IPSAS). Personally, he hoped that the Agency's financial position would once again be reported alongside WHO's at some point in the future, since the financial regulations of the two organizations were almost identical and they shared the same External Auditor.

Mr KULIKOWSKI (United States of America) thanked the Director for his written and oral reports and declared himself encouraged by the achievements of the Agency over the previous year. The Director had clearly enjoyed some success in the recruitment of senior staff. He asked about other potential financial implications of the adoption of the IPSAS standards, since other international organizations had undergone changes in the accounting of retirement benefits, for example, which had had a definite financial impact. It appeared that the flood damage which the Director had mentioned had not been fully covered by insurance; was the Agency adequately insured in other respects?

From the figures presented to the Governing Council, it appeared that the absolute value of grants and contracts was showing a downwards trend. Was there an identifiable reason for that state of affairs?

He was pleased that the Director had raised the issue of a possible increase in the Agency's budget as a theoretical possibility, rather than as a formal proposal. An increase in the regular budget did not seem likely at present. If the Director was concerned that the current organizational structure of the Agency was less than optimal, it would be possible to commission an external review of the structure of the laboratory groups, for example. What were the staffing arrangements for projects funded from extrabudgetary resources? He had been encouraged to learn that extrabudgetary funding was used only for projects approved under the Medium-term strategy: many other United Nations organizations were only just beginning to endorse that principle.

Turning to the barriers to employment at the Agency described by the Director, he said that, in his experience of another international organization, also based in France, appointments were almost always prolonged beyond the nominal two-year term. The two-year term and the official retirement age were maintained in order to provide some degree of flexibility in a workforce where staff typically served for many years. The same organization had also achieved some flexibility on the rules governing the employment in France of a spouse without European Union nationality; it might be possible to achieve the same thing in Lyon.

The SECRETARY said that the Agency had a Grants Office which identified potential grant funding, circulated the information to the scientific staff and supported them in preparing and keeping track of their applications. It was true that there had been a downwards trend in extrabudgetary funding in recent years, but the current year's figures were distorted by the fact

that a number of major contracts (listed in para. 72 of Document GC/52/3 Corr.1) were still awaiting signature. He personally reviewed every application for extrabudgetary funding before it went ahead, which enabled him to monitor the balance achieved between regular budget and extrabudgetary funding.

One potential area for greater collaboration with Participating States was that of training. For example, the Agency was negotiating with Cancer Council Australia about a possible postdoctoral fellowship for an Australian national, financed under a bilateral agreement. The application would, of course, be subject to the same internal approval process as any other fellowship.

Dr LAFIF (Director of Administration and Finance) said that the Agency's liability in relation to staff pensions was fully covered. However, its liability in respect of payments to staff on separation from the Agency were not yet fully funded. At WHO level, there had been concerns that the health insurance system, to which the Agency also belonged, might not be fully covered.

Mr KNOCHE (Administration and Finance Officer) said that the Agency was not yet completely IPSAS-compliant. Some staff entitlements under the United Nations pension system were not yet fully covered. An extra consultant would be recruited to ensure that the remaining adjustments were completed by the end of the year. The Agency was generally in a healthy financial situation, and he foresaw no difficulties in achieving full compliance.

Dr PARK (Canada) said that, while her country supported the changes in the management and scientific structure introduced by the Director, it had suffered, like Germany, from the increase in the absolute level of its contribution caused by the changeover from the United States dollar to the euro. It would need to consider very carefully before agreeing to any changes which might increase its contribution further. The recruitment of new Participating States seemed an appropriate solution.

The SECRETARY noted that, at its previous session, the Governing Council had not encouraged him to recruit new Participating States, with the exception of Brazil and China with which negotiations had been under way for some time. Did members now wish him to pursue recruitment more actively?

Replying to a question from Dr KEINHORST (Germany), he said that the Agency's communications activities were mainly aimed at scientists and policy-makers. Many national and international organizations already provided information about cancer for the general public, and there was no need to duplicate their efforts. However, it would be possible for the Agency to make its findings and achievements better known among the general public, acting through the Participating States.

Ms FLAMANT (France) supported the idea of recruiting more Participating States, preferably including States from Africa. As a preliminary step, regional organizations could be invited to attend sessions of the Governing Council as observers.

Mr HULLEMAN (Netherlands) welcomed the Director's report and commended the approach the latter had taken to respond to the increase in the cancer burden in less developed countries and his efforts to improve internal communications within the Agency. He supported the admission of new Participating States from Africa and Latin America. He asked for further details of the Agency's collaboration with the European Partnership for Action Against Cancer, which had not been covered in detail in the report.

The SECRETARY said that the Agency's contribution to the European Partnership for Action Against Cancer was included in a direct contract negotiation worth €1.2 million from the European Commission Directorate General for Health and Consumers (DG SANCO) (see Document GC/52/3 Corr.1, para. 72). A more detailed report would be submitted to the next session of the Governing Council.

Professor BISHOP (Australia) welcomed the format of the Director's report. The ideal size of the research team for a particular project surely depended on the nature of the project concerned. The Agency might do better to enter into appropriate collaborations with other institutions rather than hiring all the staff required itself. Another less expensive, but still effective, way of achieving staff development was to increase the number of PhD students working at the Agency on short placements away from their own institution. Employing junior staff, rather than senior staff reaching the end of their careers, was an excellent way to build capacity.

The SECRETARY agreed that the size of the research group must depend on the individual project. The Agency made extensive use of collaborations with other institutions: however, at present it was unable to respond to all the offers of collaboration it received, because its own professional staff was too small. PhD and postdoctoral students made an important contribution to training and also established links with research institutions in their own countries.

The CHAIRPERSON, speaking as the representative of Norway, congratulated the Director on his achievements over the previous year, and welcomed the constructive negotiations between the Agency and the City of Lyon about the maintenance of the IARC building. He was pleased to hear that the Agency would be taking part in the collaboration between WHO and the International Atomic Energy Agency.

On the issue of extrabudgetary funding, he said that for example 1% of the budget of Norway was going to development aid. Other Participating States might consider allocating development assistance funds specifically to the Agency, in view of the seriousness of cancer as a global health issue.

Dr HAELTERMAN (Belgium) welcomed the proposal to recruit new Participating State from low- and middle-income countries.

The RAPPORTEUR read out the following draft resolution on the Director's report (Resolution GC/52/R2):

The Governing Council,
Having reviewed the Director's Report (Document GC/52/3 and its Corrigendum GC/52/3 Corr.1),
EXPRESSES its satisfaction with the Director's written and oral Reports.

The draft resolution was **adopted**.

7. REPORT OF THE FORTY-SIXTH SESSION OF THE SCIENTIFIC COUNCIL: Item 7 of the Agenda (Document GC/52/4)

Dr COMBER, Outgoing Chairperson, Scientific Council, illustrating his remarks with slides, introduced the report of the Scientific Council on its forty-sixth session, held in January 2010 (Document GC/52/4). The Scientific Council had considered and approved the IARC Biennial Report 2008–2009. Next, it had considered the report of the 51st session of the Governing Council in May 2009 (Document SC/46/3). It had received clarification from the Director on the role of social sciences, particularly behavioural and implementation science, at the Agency; the admission of new Participating States from Africa or Latin America; the role of the Staff Association; and the gratifying improvement in collaboration between the Agency and WHO Headquarters.

The Scientific Council had considered the follow-up action taken since its forty-fifth session: it had asked about a number of departures of senior staff, and how continuity had been assured in the projects which they had left. It had also asked about the follow-up to the recommendations of the ad hoc Advisory Group for Cancer Registration. Members had been particularly gratified by the follow-up which the Director had given to their recommendations.

The Scientific Council had reviewed the activities of the former Molecular Carcinogenesis Cluster, now the Section of Mechanisms of Carcinogenesis. It had recommended the recruitment of another senior investigator and staff scientist and the extension of externally funded postdoctoral fellowships for up to four years. It had further recommended the Director to consider an investment in proteomics and improvements in the management of the IARC Biobank. It had supported the creation of a separate Section on Monographs.

The review of the Infections and Cancer Biology and Infections and Cancer Epidemiology Groups had yielded an "outstanding" rating for scientific quality and a "perfect fit" rating for the relevance of the Groups' work to the mission of the Agency. The Scientific Council had recommended further support for the Groups, given the relatively small number of senior staff employed in them. The planned review of the former Biostatistics and Epidemiology Cluster had

been postponed until 2012 because of the recent changes in the organizational structure of the Agency.

A working group of the Governing and Scientific Councils, plus a representative of WHO, had finalized the draft IARC Medium-term strategy for 2010–2014. The working group had supported the proposed reorganization of the Agency's scientific structure into sections and groups. It had suggested that the Director should pay more attention to interdisciplinary work, to the possibility of obtaining external funding and to the balance between activities in high-resource and low- and medium-resource countries. The Agency should concentrate on those areas where it was uniquely placed to carry out research and, therefore, not in competition with other institutions. The Director should also make clear the areas of research described in the Agency's Statute which were not current priorities, such as treatment research.

The Director had presented a set of proposed key performance indicators. Members of the Scientific Council had expressed widely differing views: however, the consensus was that the proposed indicators did not adequately reflect the complex nature of the Agency's work. The reservation had also been expressed that more attention might be paid to bringing about improvements in the indicators than to responding to the Agency's real research priorities. The Scientific Council had recommended that the Director should include information in his report on the areas covered by the proposed indicators, rather than citing data for the indicators themselves.

Turning to education and training, he said that the Scientific Council had approved the changes made by the Director, especially in the area of post-fellowship support, when fellows returned to their own countries. In some cases, fees could be charged for IARC courses, and new courses should be provided on "soft skills", such as the preparation of grant applications or project management. An alumni association should be set up for former fellows. Some short-term fellowships should be created, and further partners should be sought for education and training activities.

The Director had proposed a number of major purchases of scientific equipment (see also Document GC/52/13B). The Scientific Council, while acknowledging the urgent need for the new equipment, had considered that a number of hidden costs, especially in the area of IT, had not been adequately taken into account, and had advised the Director to recalculate the budget for his proposal.

Dr Rivedal of Norway had been elected as the next Chairperson of the Scientific Council, with Professor Frazer of Australia as the new Vice-Chairperson. The Scientific Council had noted with concern that eight of its members – almost half the total membership – were due to retire in 2011. He called upon the Governing Council to consider changes to the rotation system in order to provide more continuity in the membership.

The Scientific Council had become much more involved in the day-to-day work of the Agency, through the regular teleconferences between the Chairpersons and Vice-Chairpersons of the Governing and Scientific Councils and the Director, the Scientific Council's contribution to the development of the Medium-term strategy and its participation in the ad hoc Advisory Group for Cancer Registration. That involvement had made better use of members' expertise and had given them a stronger sense of ownership of the activities of the Agency.

The meeting rose at 13:00.