



November 2024



Dear friends of IARC,

I am honoured to warmly welcome two new Participating States to the Agency. Egypt and the Kingdom of Saudi Arabia officially joined IARC during the most recent session of our Governing Council in May 2024, bringing to 29 the number of IARC Participating States.

Priority areas of collaboration between the Kingdom of Saudi Arabia and IARC include cancer registration, early detection and screening, and the evaluation of cancer control programmes. The collaboration between Egypt and IARC will span various initiatives, including population-based cancer registration, research on breast cancer, surveillance for hepatitis, and control of bladder cancer. Other key priorities will be capacity-building, research on etiological factors for cancer, and shaping a Code Against Cancer in the region.

A stronger IARC leads to a stronger World Health Organization (WHO), and it is fitting that many scientists and representatives from IARC attended and actively participated in the Seventy-seventh World Health Assembly in Geneva, Switzerland, shortly after the expansion of participation in our Agency during the IARC Governing Council session.

The World Health Assembly convened under the theme “All for Health, Health for All”, and recent research by IARC scientists highlights the Agency’s vital contributions towards achieving greater health equity. Notable studies include an investigation into survival disparities among patients with breast cancer in sub-Saharan Africa, a study on an effective, low-cost intervention for treating cervical cancer, and the evaluation of an artificial intelligence (AI) tool that is capable of accurately detecting cervical precancers and cancers in screening images. These efforts underscore IARC’s role in advancing a more equitable global health landscape.

The promises of innovative techniques and future technologies offer hope to billions of people worldwide, across all income and development levels. However, we must not let wishful thinking overshadow the need for concrete

action today. Prevention remains, and will always be, the most effective strategy for cancer control. Despite this, **less than 4% of European cancer research funding is directed towards primary prevention**. This approach is unsustainable if we are to avert the projected rise to more than 35 million new cancer cases worldwide in 2050 - an increase that would overwhelm most health-care systems.

I hope you will enjoy this issue of the IARC newsletter and will find that it contributes to your interest in and knowledge of cancer research for cancer prevention.

Best wishes,

**Dr Elisabete Weiderpass**  
IARC Director

- IARC News



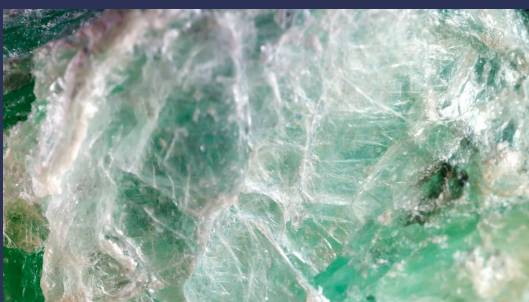
New study shows that one in three cases of oral cancer are due to smokeless tobacco and areca nut use

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Banning the sale of tobacco to young generations could significantly reduce lung cancer mortality

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*IARC Monographs* evaluate the carcinogenicity of talc and acrylonitrile: *IARC Monographs* Volume 136

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New study shows effectiveness of low-cost portable device for treating cervical precancers

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Kingdom of Saudi Arabia joins the International Agency for Research on Cancer

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Egypt joins the International Agency for Research on Cancer

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- Focus on cancer registration



### Training and capacity-building

Launched in 2011, the **Global Initiative for Cancer Registry Development** (GICR) is the first worldwide strategy to inform cancer control through better data. The GICR focuses on the countries with the greatest need. It is designed to save lives by providing decision-makers with the information they need to tackle cancer in their settings.

Led by IARC, the GICR is based on partnerships with leading cancer organizations committed to strengthening the quality, availability, and use of cancer data. Training and capacity-building are core features of the programme. Networks of regional trainers have been created to co-develop and deliver new educational material. This has significantly increased learning opportunities for cancer registries by connecting them to a greater number of peers in their region that are equipped to provide support, and by offering more options in the ways they can use to learn the required skills.



## Registration of childhood cancer

Common cancer types in children are very different from those that occur in adults. IARC researchers study the molecular profiles of childhood cancer types, support the WHO Global Initiative for Childhood Cancer, and lead international initiatives to standardize and improve registration of childhood cancers, through the **Targeting Childhood Cancer through the Global Initiative for Cancer Registry Development (ChildGICR)** programme.

IARC coordinates ChildGICR in collaboration with St. Jude Children’s Research Hospital (in Memphis, Tennessee, USA). This collaboration is an expression of the shared interest in reducing the global burden of childhood cancer and improving outcomes among children with cancer.

Examples of the work of ChildGICR include recent workshops to build capacity for childhood cancer registration and to promote childhood cancer registration, hosted by IARC and St. Jude in October and November 2024 at the IARC headquarters building in Lyon, France.

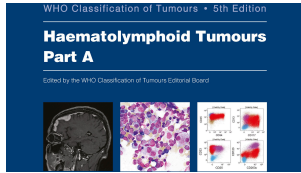


## Open access and data availability

IARC collects, analyses, and disseminates global cancer statistics through the **Global Cancer Observatory (GCO)** website, including incidence data from high-quality population-based cancer registries through **Cancer Incidence in Five Continents (CI5)** and the national estimates of cancer burden through the **Cancer Today website** and **numerous collaborative articles in scientific journals**. Through these portals and articles, the data are made available to researchers around the world.

IARC is also the Secretariat for the **International Association of Cancer Registries**, an association created to foster the exchange of information between cancer registries to improve data quality and comparability between registries.

By improving data collection, quality, and access, IARC enables the world to truly understand the scale of the cancer burden, empowering policy-makers with the local data to plan, implement, and monitor cancer control policies tailored to their specific context.

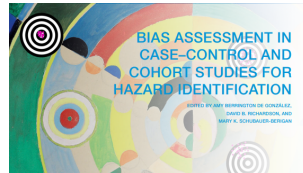


Publication of *WHO Classification of Tumours, 5th Edition, Volume 11: Haematolymphoid Tumours*

*WHO Classification of Tumours: Haematolymphoid Tumours* is now available in print format.

Haematolymphoid Tumours is Volume 11 in the 5th edition of the WHO series on the classification of human tumours. This series (also known as the WHO Blue Books) is regarded as the gold standard for the diagnosis of tumours and comprises a unique synthesis of histopathological diagnosis with digital and molecular pathology.

[See \*WHO Classification of Tumours: Haematolymphoid Tumours\*](#)



Bias Assessment in Case-Control and Cohort Studies for Hazard Identification (Statistical Methods in Cancer Research, Volume V)

A new IARC Scientific Publication summarizes practical methods that can be used to assess the potential impact of confounding, information bias, or selection bias on the results of an epidemiological study. The publication, *Bias Assessment in Case-Control and Cohort Studies for Hazard Identification* (Volume V in the IARC Statistical Methods in Cancer Research series), presents these methods in a way that is accessible to epidemiologists and other research workers who do not have extensive statistical training, as well as to statisticians who do not have extensive epidemiological training.

[See \*Bias Assessment in Case-Control and Cohort Studies for Hazard Identification\*](#)



Launch of new data on IARC Global Cancer Observatory and downloads available on *CI5plus*: exploring cancer trends worldwide

IARC has released several updates of data that enable explorations of cancer incidence and mortality trends worldwide. On the IARC GCO, recorded cancer incidence data from the most recent volume of *CI5*, Volume XII, and updated recorded national mortality data from the WHO Mortality Database have been added to the Cancer Over Time subsite. In addition, the *CI5plus* database of long-term series of recorded incidence data by year for cancer registry populations included in *CI5* has been updated with Volume XII, and the summary and detailed datasets are now available on the Downloads section of the *CI5plus* website.

[Read more](#)



The IARC Cross-Cutting Working Group on Cancer Prevention Knowledge Translation and Transfer produces the [Evidence Summary Briefs series](#) to call attention to scientific studies leading to cancer prevention.

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