

# A NEW DIRECTOR FOR IARC

On 17 May 2018, the International Agency for Research on Cancer (IARC) Governing Council, which is composed of the Representatives of the IARC Participating States and of the Director-General of the World Health Organization (WHO), elected Dr Elisabete Weiderpass as the new Director of the Agency. Dr Weiderpass took office as IARC Director on 1 January 2019.

IARC Directors are elected for a five-year term and are eligible for one further five-year term. The Director is responsible for the leadership of the Agency by providing: the general framework for attainment of the Agency's mission in accordance with the IARC Statute, Rules and Regulations; the development of a Strategy and Implementation Plan that sets out the overall vision, direction, and focus of the Agency's research programme; and oversight of the day-to-day operations of the Agency.

Elisabete Weiderpass, MD, MSc, PhD, is a Brazilian cancer researcher who is a naturalized Swedish and Finnish citizen. She is an expert in cancer epidemiology and cancer prevention.

Dr Weiderpass previously served as leader of the Department of Research at the Cancer Registry of Norway, and of the Genetic Epidemiology Group at the Folkhälsan Research Center

in Finland. She was a Professor of Medical Epidemiology at the Karolinska Institutet in Stockholm, Sweden, and a Professor of Cancer Epidemiology at the Arctic University of Norway. She held Adjunct Professorship positions in Cancer Epidemiology in Brazil, China, and the Islamic Republic of Iran, and was a Visiting Professor in Kuwait. She is the author of more than 700 scientific publications in peer-reviewed international journals.

Dr Weiderpass took over as IARC Director from Dr Christopher P. Wild, who served two five-year terms after taking office on 1 January 2009. Dr Wild supported the development of several major global initiatives aimed at developing the capacity and infrastructure for research, particularly in low- and middle-income countries, and he oversaw an increase in the number of IARC Participating States.

On her election, Dr Weiderpass stated, "I am delighted to have been selected as the next Director of the Agency, and I look forward to bringing my expertise to IARC and contributing to the important work of the Agency. IARC will increasingly focus its activities on producing cancer research of the highest quality and potential public health impact: producing evidence-based knowledge to support public health policy decision-making processes. IARC

must remain the global reference for regulatory agencies, governments, and international organizations to propose evidence-based prevention strategies at the global level, with a particular focus on low- and middle-income countries. IARC must be a trusted organization in producing relevant science for public health policy and for public good, independent from vested interests. IARC will continue to work closely with WHO and other international organizations to maximize the public health impact of the knowledge produced."



**Dr Elisabete Weiderpass.** © IARC/Nicholas O'Connor.

# INTRODUCTION – FROM THE IARC DIRECTOR

Having been the Director of IARC since January 2019, this is the first opportunity I have had to introduce the Agency's Biennial Report. I am pleased to present this account of the relevance, scope, and depth of research and coordinating activity undertaken by IARC scientists and their support teams during the past 2 years. As has been the record over decades, the work of IARC is focused on all matters that directly contribute to cancer prevention.

We know that worldwide, 30–50% of all cancer cases are potentially preventable. We know which interventions work, we know which of these are cost-effective, and we know that such prevention programmes may be implemented at both national and local levels. However, the best possible cancer prevention across populations worldwide is far from the norm, partly because key research is lacking. Undertaking and facilitating cancer prevention research is the mission of IARC, the specialized cancer arm of WHO.

Cancer prevention depends on background knowledge, education and training, and the implementation of key strategies to raise awareness and to ensure that individuals around the world have the information and support they need to reduce exposure to carcinogens such as tobacco smoke and alcoholic beverages, to avoid an unhealthy diet and lack of physical activity, and to be protected against dangerous levels of pollution.

This report showcases the research work conducted by IARC in collaboration

with its global network of experts during 2018–2019. Three main areas are covered: describing the distribution of cancer across populations, identifying the causes of cancer, and evaluating preventive interventions and their implementation. Each of these areas contributes vitally to cancer prevention and identifies the role of capacity-building through education and training activities, strategic leadership and partnerships, coordinated communications, administrative support, and resource mobilization.

Cancer has a growing, global burden. However, cancer incidence, risk factors, and optimal strategies for implementing preventive interventions differ according to region or country. An increasing proportion of the burden is falling on low- and middle-income countries (LMICs), not only because of demographic changes but also because of a transition in the relevant cancer-causing agents, from those predominantly linked to infections to those related to personal behaviours, particular carcinogens, and obesity. Furthermore, future increases in cancer incidence will disproportionately affect LMICs, thereby becoming a major health, social, and economic burden. IARC is unique among the leading cancer research institutes for its focus on LMICs, collaborating with 141 LMICs around the world. IARC's engagement to further advance joint research and share knowledge and experience with LMICs is of crucial importance to improve knowledge, build capacity, and increase expertise for cancer control, with the ultimate goal of saving lives and making a difference.

Research is progressively revealing that, whether assessed nationally or locally, social inequalities adversely affect the benefits of cancer control. Social inequalities in cancer are a global problem, as documented in the recent IARC publication titled *Reducing Social Inequalities in Cancer: Evidence and Priorities for Research*. Indeed, there is clear evidence that the risk of overall cancer mortality and survival differs according to socioeconomic status: the lower the socioeconomic status the greater the risk of mortality, and the higher the socioeconomic status the greater the chances of survival.

The efficacy of cancer prevention measures will be critically dependent on action to address the social determinants of health. Cancer inequalities have major economic implications and are largely avoidable, although this requires concerted action at many levels. Through expert workshops and its wider role in convening international cancer leaders and promoting cooperation in research, IARC today reinforces WHO's commitment to keep social inequalities high on the global agenda through the development of new research priorities: expansion of surveillance of social determinants of cancer incidence and mortality, expansion of research focused on prevention, and a focus on social equality when implementing cancer control strategies.

I look forward to continuing this mission with the ultimate goal of reducing the global cancer burden, avoiding unnecessary suffering, and saving as many lives as possible.