



INTRODUCTION – FROM THE IARC DIRECTOR

This Biennial Report covers the period 2020–2021 and showcases a selection of the work conducted by the International Agency for Research on Cancer (IARC) in collaboration with its global network of experts. This time, the Biennial Report has an associated webpage (<https://www.iarc.who.int/biennial-report-2020-2021web/>) that highlights key cancer data and key figures on IARC. Furthermore, in line with the changing environment and the Agency's efforts to “green the blue”, IARC is no longer providing paper copies of its Governance documents, and this Biennial Report is the first to be produced in electronic format only.

IARC's latest estimates show that the global cancer burden rose to 19.3 million new cases and 10.0 million cancer deaths in 2020. Cancer is expected to surpass cardiovascular disease as the leading cause of premature death in most countries during this century. One of IARC's most striking discoveries is that, for the first time, female breast cancer has overtaken lung cancer as the most commonly diagnosed cancer worldwide. IARC predicts that by 2040 cancer incidence will almost double, to 30.2 million new cases. This Biennial Report highlights several studies that show the long-term beneficial impacts of preventive interventions, emphasizing

the tremendous potential for prevention to invert the projected trends in cancer incidence and mortality.

Because of the COVID-19 pandemic, the past two unprecedented years have brought IARC many challenges. From March to May 2020, we adapted to working remotely. IARC's operations continued thanks to the outstanding commitment of its personnel and significant investment in the digitalization of its activities. Subsequently, there was a gradual return to on-site operations, with most personnel (~70%) working remotely for the following months. Despite the challenges, IARC successfully conducted most of its research remotely and deployed innovative tools and technologies such as digital signatures and online conferencing solutions. For the first time in IARC's history, all meetings were successfully transformed into virtual meetings, including five *Mono-graphs* meetings, two *Handbooks of Cancer Prevention* meetings, the IARC Scientific Council session in 2021 and the IARC Governing Council sessions in 2020 and 2021, in addition to various other scientific events. Unfortunately, the COVID-19 pandemic had a negative impact on IARC's fundraising activities and resulted in the suspension of certain activities and projects that could not be conducted remotely, such as fieldwork.

In response to the pandemic, IARC assessed its impact on health at the national level and on the outcomes of current and future patients with cancer. IARC participated in the COVID-19 and Cancer Global Taskforce and became a founding partner of the COVID-19 and Cancer Global Modelling Consortium, with a remit to co-develop tools and provide evidence to aid decision-making during and after the pandemic. IARC was able to clearly assess the negative impact that the pandemic has had; it interrupted registry operations, disrupted screening programmes, and delayed patient diagnosis and initiation of treatment. The long-term, large-scale cancer aftershock will be strongly felt in the coming years.

Despite the pandemic, IARC continued to fulfil its mission, and after more than a year of external consultation, reflection, and discussion, the IARC Medium-Term Strategy 2021–2025 was finalized and adopted by the IARC Governing Council in May 2021. This exciting new roadmap will guide IARC for the next 5 years. The Medium-Term Strategy is based on the IARC Statute and an objective that has guided IARC's work since 1965: *to promote international collaboration in cancer research*. In 2021–2025, IARC will focus its work on areas where it has the greatest public health impact and where it can make the biggest difference to

people's lives. This ambition has forged IARC's future strategy and defined its fundamental and emerging priorities.

IARC continues to address its *fundamental priorities*: Data for Action (to describe the occurrence of cancer), Understanding the Causes (to identify cancer risk factors), From Understanding to Prevention (to effectively implement cancer research), and Knowledge Mobilization (to share knowledge about cancer). In addition to its fundamental priorities, IARC has identified three *emerging priorities* that are important and evolving global issues for cancer prevention research: Evolving Cancer Risk Factors and Populations in Transition, Implementation Research, and Economic and Societal Impacts of Cancer. IARC will gradually strengthen

its engagement in these three emerging priorities, increasing its activity in *implementation research*.

Aiming for a more agile organization, IARC's organizational structure was reviewed and revised to enable greater flexibility in resource management and to promote collaboration across the Agency. In 2021, the former Section and Group structure (as reflected in this Biennial Report) was replaced by a Branch structure. This structure is complemented by the conceptual idea of four scientific Pillars representing IARC's four fundamental research priorities, as described above.

The adoption of the Medium-Term Strategy was a major milestone, and one of IARC's greatest achievements during

this biennium was to welcome China as a new Participating State in May 2021. I am confident that this engagement will further strengthen international cooperation and the strategic coordination of scientific research for cancer prevention and control.

With a new Medium-Term Strategy and a new Participating State, IARC looks forward to an exciting move to its Nouveau Centre building, a new state-of-the-art headquarters from which to undertake its mission to reduce the burden of and suffering from cancer, now and for future generations. Cancer research that matters.



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