

Annual Report 2008

Connecting, mobilizing, supporting



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The UICC has made every effort to ensure all information contained in this annual report is accurate and cannot be held responsible for any inadvertent errors that may have occurred

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About the UICC

The International Union Against Cancer (UICC) is the leading international non-governmental organization dedicated to the global prevention and control of cancer.

Founded in 1933, the UICC unites over 300 member organizations, specialized and engaged in cancer control, in more than 100 countries across the world.

The UICC is non-profit, non-political and non-sectarian. Its headquarters are in Geneva, Switzerland.

The UICC's mission is to connect, mobilize and support organizations, leading experts, key stakeholders and volunteers in a dynamic community working together to eliminate cancer as a life-threatening disease for future generations.

Message from the president and the executive director



Prof David Hill
UICC president

The UICC works closely with its member organizations and partners to deliver on its mission to connect, mobilize and support organizations, leading experts, key stakeholders and volunteers in a dynamic community working together to eliminate cancer as a life-threatening disease for future generations and to minimize its burden on the present generation.

The UICC World Cancer Declaration endorsed by the World Cancer Congress in 2008 sets out 11 targets to be realized by 2020, in a global effort to slow and ultimately reverse the global growth in cancer incidence and cancer deaths. The first and most important of these ambitious targets is to put in place sustainable delivery systems to ensure that effective cancer control programmes are available in all countries of the world. To realize the targets, the declaration also sets out priority actions in health policy, cancer prevention and detection, cancer treatment and care.

The declaration is a mobilizing tool for professionals and patient advocates everywhere. It represents a consensus between foundations, national and international non-governmental and governmental organizations, professional bodies, the private sector, academia and civil society on how to eliminate cancer as a major threat to life.

The UICC addresses various aspects of the declaration through the many flagship activities described in this report. Clearly, we have work to do. But concerted efforts can make a remarkable difference in a short time.

About one-third of current cancers can be prevented (good estimates range from 30% to 40%). In cancer control, prevention is key. Working both globally and locally in partnership with members, the UICC makes an important contribution. The highly successful World Cancer Campaign, “Today’s children, tomorrow’s world”, focuses on children and prevention. Encouraging healthy habits early in life, coupled with policy changes as well as public and professional education, will significantly reduce the cancer burden.

The UICC contributes to implementation of the WHO Framework Convention on Tobacco Control and is represented in the Conference of the Parties. In 2008 the focus was on article 8 of the treaty. On World Cancer Day, the UICC released the scientific report *Protecting our children from second-hand smoke*. GLOBALink is the largest online network connecting tobacco control professionals across the globe.

More recently the UICC report *A healthy active childhood: Giving children the best chance of a cancer-free future* outlines current research on diet, physical activity and cancer and what can be done by health professionals, policymakers, parents and schools to influence change.

New and old vaccines hold promise, particularly in developing countries where cancers such as liver and cervical cancer are an important cause of cancer death. The UICC initiative headed by Nobel laureate Prof Harald zur



Isabel Mortara
UICC executive director



Isabel Mortara steps down

Hausen advocates a comprehensive approach to managing cervical cancer.

We know how to reduce the cancer risk of ultraviolet radiation, by being smart in the sun and avoiding sunbeds – yet another theme in our World Cancer Campaign. And much more can and should be done to protect people from environmental and occupational carcinogens.

There is a critical need to address beliefs and behaviours relating to cancer risk. The UICC report *Cancer-related beliefs and behaviours in eight geographic regions* summarizes findings from population surveys carried out in 39 countries. We will be working with member organizations to address these findings within their communities.

In August 2008, the World Cancer Congress brought together over 3,000 health professionals, decision-makers and advocates in five tracks focusing on cancer prevention and control, tobacco control, research and treatment, supportive care, and capacity building. For the first time, the UICC took the lead role in organizing the congress. By all accounts, it was an outstanding success. We are grateful to the speakers and chairs, the members of the UICC and congress committees, our partners and sponsors, and everybody who helped in the preparation. We thank members and partners who sponsored particular sessions, pharmaceuticals and other industry representatives who organized informative satellite sessions, and the stand-holders who made our exhibition hall buzz with activity.

In conjunction with the congress, two other major events took place: the UICC World Cancer Summit and *Reel Lives*, the first ever international cancer film festival.

The general assembly, held concurrently with the congress, elected a new board of directors for the UICC. We thank Dr Franco Cavalli, UICC president 2006–2008, and the outgoing board for their leadership during their term of office, and we look forward to working ever more closely with members in the years to come.

Dr David Hill
President

Isabel Mortara
Executive director

After 25 years with the UICC, including nine years as executive director, Isabel Mortara has announced that she will step down from her position in September 2009 to pursue other endeavours.

Speaking for the board of directors, the UICC president, Dr David Hill, expressed deep appreciation for Isabel's contribution.

"Under her leadership, the UICC has grown to be a leading international NGO with a sphere of influence that includes all aspects of cancer prevention and control and patient support."

"In particular, Isabel approached cancer control as an equity issue. She called on global policymakers to ensure that people in low and middle-income countries have the same access to cancer prevention, screening and treatment facilities as those in developed countries.

"She also directed energy where it was most needed. The gap between developed and developing countries in survival from childhood cancers prompted the creation of 'My child matters'. The fact that so many cancers are preventable led to the World Cancer Campaign, a five-year initiative to address such risk factors as tobacco use, nutrition and physical activity, infections and sun exposure."

"Isabel nurtured relations and strategic partnerships with the World Health Organization and leading non-government bodies. She developed strategic alliances with the private sector, always with the goal of improving health and access to care."

"We regret losing Isabel's expertise, energy and diplomatic skills, but we do understand her decision to move on."

The board of directors has begun an international search for a new executive director.

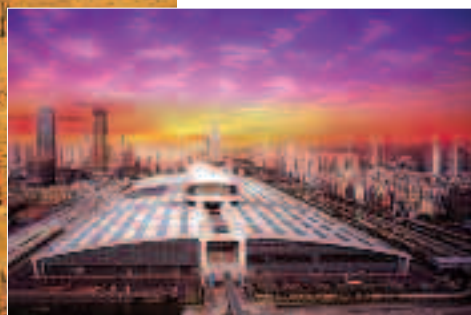


World Cancer Congress

International Union Against Cancer
18-21 August 2010
Shenzhen, China

*"Preventing the preventable
Treating the treatable
Systems to make it happen"*

www.worldcancercongress.org



Hosted by





The UICC World Cancer Declaration 2008

The World Cancer Declaration was developed by the UICC, adopted by the World Cancer Summit, and endorsed by the World Cancer Congress. It takes an optimistic approach to tackling the cancer crisis, setting out 11 targets and 16 priority actions for concerted action to reverse current trends.

The targets include significant drops in global tobacco consumption, obesity and alcohol intake; universal vaccination programmes for hepatitis B and human papilloma virus to prevent liver and cervical cancer; dramatic reductions in the emigration of health workers with specialist cancer training; universal availability of effective pain medication; and the dispelling of myths and misconceptions about the disease.

“This is an outstanding document,” Dr Margaret Chan, director-general of the World Health Organization, said at the opening plenary of the congress. Recent trends in public health make the international community receptive to its arguments and responsive to its call to action, she suggested.

First, the time is right to place cancer control on the development agenda – the first priority action set out in the declaration. “Diseases like cancer are a leading cause of so-called catastrophic health expenditure. This is especially true in low- and middle-income countries, where most people rely on out-of-pocket payments for health care. WHO estimates that catastrophic payments for health care push an estimated 100 million people below the poverty line each year. For cancer, out-of-pocket payment is a double-edged sword. It discourages people from seeking treatment early, when the chances of cure are greatest. And it deepens household and community poverty.”

Second, capacity building: the declaration sets out specific capacity needs for cancer control, especially in low- and middle-income countries. “In just the past few years, the international community has come face to face with the consequences of



decades of failure to invest adequately in basic health systems. This is the biggest obstacle to health development.”

Third, virtually no country in the world is doing enough to prevent cancer. And finally, developing countries now face problems that affluent countries confronted decades

ago. “Policies were devised. Lessons were learned. Incidence rates for some cancers dropped, while cure and survival rates improved. These experiences need to be shared as urgently as possible.”

“What we cannot accept is the huge gaps in prospects for cure, survival, and a dignified death that

divide the world according to wealth,” Dr Chan concluded.

“This is where the true breakthroughs are needed – in the interest of health development, in a spirit of social justice and solidarity, and for the sake of fairness in the prevention of human suffering.”

Summit adopts the declaration

The UICC World Cancer Summit – a meeting of more than 60 high-level policymakers, leaders and health experts during the World Cancer Congress – adopted the World Cancer Declaration by acclamation and then turned its attention to how the declaration may be put into effect.

Mary Robinson, who chaired the summit, said cancer control is a human rights issue, tied to the right to health through access to an effective health system.



Thomas Szucs

Thomas Szucs, a health economist from the Institute of Social and Preventive Medicine in the University of Zurich, offered a complementary argument: cancer control makes good economic sense. Governments, especially in poorer countries, often balk at the obvious cost of implementing effective cancer control policies, but when we analyse the matter closely, we see that it can be more expensive not to implement cancer control.

A vigorous discussion followed the two presentations. Clearly a complex disease like cancer must be attacked on multiple grounds by multiple partners, said Dr Ala Alwan of the World Health Organization.



From Oxford, Prof David Kerr of Afrox said we need to work collegially and learn from each other, but we also need to integrate national efforts. The feedback from Africa is we cannot take cancer forward in the way people did with AIDS, we cannot put cancer outside general medical care.

Princess Lalla Salma of Morocco said that cancer was not just a disease, but a social reality. Even from an economic point of view it affects the whole family and weakens the whole society – especially when the patients are young. In many countries, a stigma attaches to cancer. We should speak not just of the right to health but the right to non-discrimination.

For Prof David Hill, the area of research we most need to nurture is implementation research. Participants distinguished things we can do together from things we can do on our own and strongly favour developing communities of practice on the different action items of the declaration.

The importance of myth reduction was emphasized, as was proper pain relief for cancer patients. A global fund for cancer – similar to the Global Fund to fight AIDS, tuberculosis and malaria – was suggested as a possible goal, given that cancer kills more people than those three diseases combined.



Franco Cavalli, Kathy Redmond, Mary Robinson and Isabel Mortara

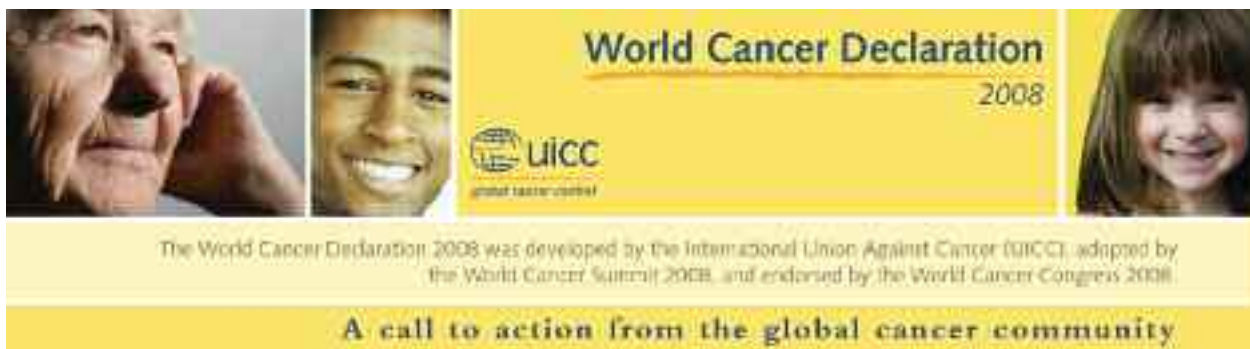


"The World Cancer Declaration outlines the critical steps needed to build the basis for sustainable delivery of effective cancer prevention, early detection, treatment and palliative care worldwide. These and other steps to advance global health are not just matters of moral concern: they are issues of fundamental human rights. We all have a role to play in moving the cancer control agenda forward."

Mary Robinson, president
Realizing Rights: the Ethical Globalization Initiative



Progressing towards the 2020 targets



A UICC taskforce met in August 2008 to develop the strategy for implementing the World Cancer Declaration. Guidelines on promoting the declaration are now available online and in print as part of a UICC toolkit. As the custodian of the declaration, the UICC encourages priority actions to achieve the declaration's targets locally and nationally and promotes a comprehensive response across the globe.

The UICC is actively collecting online endorsements of the declaration to show world leaders the cancer control community is united in calling for a greater commitment to reducing the global cancer burden. To date, roughly 600 organizations and 8,000 people have signed the declaration (www.uicc.org/wcd).

The declaration was translated into Arabic, Chinese, French, German, Portuguese, Spanish, Russian, and Turkish with the support of UICC member organizations, and translations are available online and in print.

Through its member organizations, the UICC will promote partnerships and international collaboration aimed at accelerating progress towards the 2020 targets.

Governments and health agencies can create national taskforces and national or regional declarations, develop or improve effective national cancer control plans, cancer registries and tracking systems, and promote changes in health policy and legislation to advance the 11 targets and improve cancer control.

Members and other organizations can become official declaration partners, encourage individuals and organizations to endorse it, encourage local and national media coverage of it, develop e-advocacy campaigns focused on it, translate it into their own language, and develop national adaptations of it.

This last point is especially important, given the wide variations in cancer burden and service provision worldwide. The UICC encourages use of the declaration as a template to develop regional or national cancer declarations that better reflect local needs and priorities and allow for more accurate quantification of targets where data exists.

The UICC will take responsibility for preparing a report every two years on the progress made towards achieving the 2020 targets and present these reports at the biennial World Cancer Congress. The first of these reports will be presented in Shenzhen, China, in August 2010.

"The World Cancer Declaration is an ambitious affirmation that needs to resonate with an intensity far greater than that achieved with the Framework Convention on Tobacco Control – the only notable success story up to now in implementing a global public-health policy with potential to decrease the cancer burden... The declaration needs to be adopted by governments, health authorities, non-governmental organizations, philanthropic organizations, and other involved parties worldwide..."

David Collingridge
Editor, The Lancet Oncology

World Cancer Summit 2008





Making connections

The World Cancer Congress is a unique event in the cancer world, bringing together the whole range of those involved in global cancer control. Leading clinicians, practitioners, government agencies and NGOs, patient-care providers and advocates, researchers and behavioural scientists and public health experts focus on transforming the latest knowledge into strategies that countries, communities, institutions and individuals can employ to reduce the cancer burden.

The World Cancer Congress brought over 3,000 participants to Geneva at the end of August 2008. At the opening ceremony, Pascal Couchepin, the president of Switzerland, emphasized a change of paradigm: “our goal changes from treatment at whatever price to care and respect for the integrity and dignity of the person.”

He spoke of the important progress in recent decades – more and more, treatments are available that have good or reasonable chances of lasting success – but stressed the need to promote palliative care. “This is one of my priorities as minister of health,” he said.

Dr Tabaré Vázquez, the president of Uruguay, echoed this message: “The best way to improve reality is to look our fellow men and women in the eye and learn about their needs, their hopes, their rights and their commitments.” In Latin America, Vázquez said, “we do not have ‘poverty and inequality’. In Latin America we have poverty because there is inequality... If inequity were not so ruthless, how many cases of cancer would be prevented, detected early or cured? Many cases, no doubt. And this is precisely our challenge.”



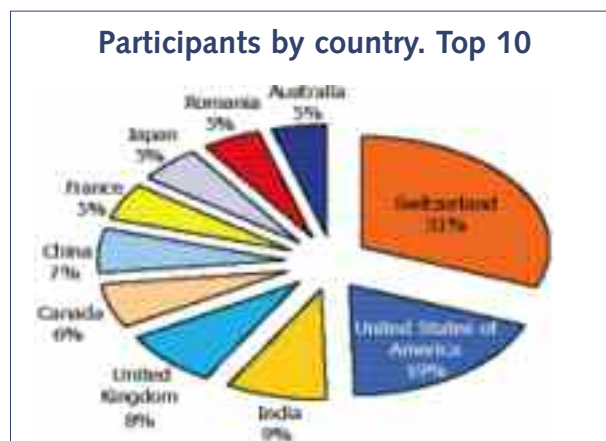
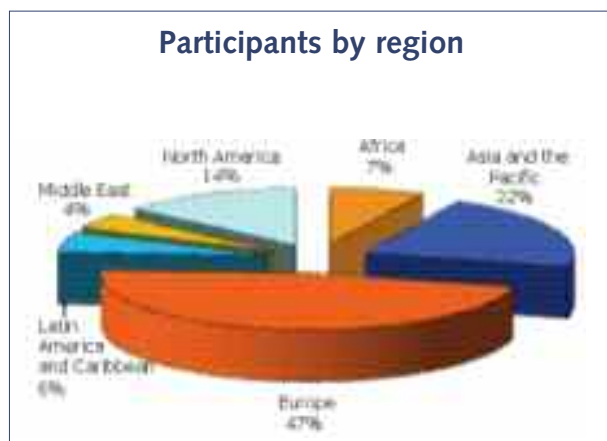
Margaret Chan and Franco Cavalli open the congress exhibition



Pascal Couchepin



Tabaré Vázquez



Cervical cancer: the place for vaccination

In the first of two general plenaries devoted to specific cancer sites, Prof Harald zur Hausen, editor-in-chief of the UICC's *International Journal of Cancer*, presented a brief history of the papilloma virus research in which he himself played a leading part. In the 1970s, together with Dr Gérard Orth's group in Paris, his group at the University of Erlangen-Nuremberg in Bavaria demonstrated the plurality of the HPV family. To date, 114 pathogenic HPV types have been identified.



Harald zur Hausen

In the early 1980s, Prof zur Hausen's group cloned and characterized HPV 6, 11, 16 and 18. In 1985, they demonstrated the integration of viral DNA into cervical cancer cells, accompanied by partial deletion of viral DNA and selective transcription of viral E6 and E7 genes.

These basic studies, identifying high-risk viruses and establishing their carcinogenicity, opened the way to develop and use virus-like particles for vaccination.

Prof Ian Frazer, president of the Cancer Council Australia and direc-



Ian Frazer

tor of the Diamantina Institute in the University of Queensland, took up the story. In the 1980s, Prof Frazer and his colleagues used recombinant DNA techniques to create virus-like particles (VLP) that are highly immunogenic. By 2005, two polyvalent VLP vaccines were ready for marketing. (Prof Frazer declared a conflict of interest, since both he and the University of Queensland receive royalties from the sale of HPV vaccines.)

Vaccination has been shown in randomized placebo controlled trials to be safe and highly effective (>95%) in preventing anogenital pre-cancer caused by the HPV types against which the vaccine is active. But, where available, continued screening is mandatory: current vaccines can only prevent about 70% of the HPV infections responsible for cervical cancer and are not therapeutic for existing infection.

Dr Teresa Aguado introduced the World Health Organization's HPV vaccine work plan. Vaccine introduction in low- and middle-income

countries faces many challenges but also offers many opportunities in public health. It may help develop adolescent and pre-adolescent immunization in a consistent way, stimulate new approaches to vaccine financing, and encourage countries to improve screening and treatment, as well as their cancer registries.

Dr Mark Schiffman, senior investigator in the division of cancer epidemiology and genetics at the US National Cancer Institute, offered a personal view, based on 25 years in natural history and prevention studies. If forced to choose, should we vaccinate young girls or screen women 30-45? Vaccination may eventually prove the answer, but improved screening may be a better choice while vaccine costs remain high.

More than 90% of new HPV infections are cleared or suppressed on their own: the point is to find and treat persistently detectable infections linked to risk. Low-cost HPV testing has clear advantages over cytology or visual inspection with acetic acid. It offers the most accurate and reliable risk stratification if a good test is used appropriately. But we need a test that is fast, simple, reliable and accurate and costs a few dollars at most.

A safe and effective treatment for cervical HPV infection would permit huge lifesaving "screen and treat" programmes.

Dr Achim Schneider, of the Cervixentrum, Charité University of Medicine, in Berlin, spoke of the prospect for therapeutic vaccines. He said these are still many years away but was optimistic about progress.



Tobacco kills. What's new?

Opening this plenary, Dr Judith Mackay of the World Lung Foundation reviewed leadership in tobacco control, praising giving seed money to many developing countries to run their first national meetings on “smoking control”. Of the 11 countries that led the way in tobacco control legislation, more than half were in the developing world.



Judith Mackay

The involvement of NGOs, political will, engagement with the media, and the efforts of champions were key ingredients of success. “It didn’t happen overnight and was accompanied by intense opposition from the tobacco companies.” Important also were the leadership provided by the World Bank and the involvement of philanthropists such as Michael Bloomberg and Bill

Gates, who are currently financing tobacco control initiatives all over the developing world.

Half of smokers die from their habit, said Sir Richard Peto of the University of Oxford, and half of these in middle age (35-69), losing many years. In India, he predicted 1 million smoking deaths per year during the 2010s – 10% of deaths from all causes – and 70% of these smoking deaths in middle age. If current smoking patterns continue, world tobacco deaths in the 21st century could total 1 billion. Stopping smoking works. Preventing a substantial portion of the 450 million tobacco deaths before 2050 requires adult cessation now. Reducing the percentage of children and young people who start smoking will prevent many deaths, but its main effect will be on mortality after 2050.

Tobacco is a political disease, a global epidemic created and sustained by the tobacco industry. Dr Gérard Dubois of the Centre Hospitalier Universitaire, Amiens, France, minced no words in describing how the industry tries to sabotage tobacco control.

Governments should reject the tobacco industry myth that tobacco control will destroy jobs, said Dr Prabhat Jha of the Centre for Global Health Research in Toronto, Canada. He had four key messages



Prabhat Jha

for governments: take tobacco seriously; get people to stop smoking; triple the excise tax on tobacco (the most potentially beneficial approach, but underused in most countries); and ban tobacco advertising and make better use of stronger warning labels.

Dr Geoffrey Fong of the University of Waterloo, Ontario, Canada, presented initial results from the International Tobacco Control project (ITC), set up to evaluate the impact of the Framework Convention for Tobacco Control. The convention will become effective if those responsible for implementing it have strong, evidence-based policies, use effective communication tactics and capitalize on synergies within their countries.

State of the art in supportive and palliative care



Jeff Dunn

Treat the patient and not just the disease, Dr Jeff Dunn of the Cancer Council Queensland, told this plenary. Good communication between clinician and patient improves psy-



Alessandra Graziottin

chosocial adjustment, decision-making, treatment compliance, and satisfaction with care.

For most patients and their families, cancer is a major life stress: “like



Ann Steyn

being on a roller coaster, this way, that way, up and down.” But despite over two decades of effort, more money is spent on cleaning hospitals than on the psychosocial care of

patients, and unmet psychosocial need remains high. Psychosocial care needs to continue after treatment, and this is a key role for community-based non-governmental organizations.

Cancer patients may have difficulties in their intimate relationships, said Dr Alessandra Graziottin, of the San Raffaele Resnati Hospital, Milan. They may have problems confiding in others, and lose self esteem. Sexuality is a sensitive area of need: both medical and behavioural treatments can be used to help individuals regain their passion for love and life.

It is important to enlist the support of the public for quality cancer care, said Ann Steyn, president of Reach to Recovery International, but also to empower patients and survivors to advocate for their individual needs. Reach for Recovery International



Nora Kearney

started as a peer support programme but now also works with health-care specialists to educate, promote and advocate for patients' rights.

Nora Kearney, director of the Cancer Care Research Centre at the University of Stirling, UK, echoed the need to involve patients in promoting psychosocial intervention. Data on cancer care can often be distorted and should come from patients and their own experiences.



Frank Ferris

Frank Ferris, co-principal of the Education in Palliative and End-of Life Care Project in Chicago, Illinois, emphasized the importance of training carers and practitioners who work with cancer patients. Evidence shows that practical training outside the classroom, involving active learning and case studies, gives practitioners the opportunity to learn quickly and effectively.

Prostate cancer: How much do we know? How can we apply it?

Speakers in this fourth and final plenary emphasized how much we do not know.

Some prostate cancers will not kill those who have them, said Dr Otis W Brawley chief medical officer of the American Cancer Society: either they are not aggressive or the patient will die of a competing illness. We can diagnose 25% of men in their 60s with prostate cancer, but fewer than 4% of men in their 60s will die from it. We desperately need a test to distinguish cancers that are life-threatening from those that are not.

In a Swedish trial, 695 men with prostate cancer were randomized either to radical prostatectomy or to watchful waiting. Surgery showed modest 10-year advantages in cancer-specific and overall mortality, risk of metastatic disease, and risk of local progression – but 17 or 18 men would need to receive surgery for one man to benefit. Sweden does not screen for prostate-specific antigen (PSA). In a screened population, with greater over-diagnosis, the number needed to treat for one man to benefit could double or triple.

WHO criteria for population screening include the natural history of the illness, the accuracy of diagnostic tests, and the effectiveness of treatments. For prostate cancer, noted Dr Freddie C Hamdy of the

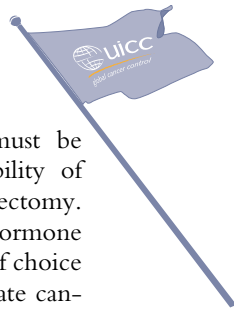
University of Sheffield, UK, all three are problematic. There is no high-level evidence of improved survival or quality of life. There is high-level evidence of the detection of stage migration, and emerging evidence of

"The people we attract into cancer research are among the brightest there are. Advances in basic biology are feeding our scientists with theory and methods to attack cancer. Advances in medical imaging astonish – we can now actually see what could until recently only be inferred. The whole field of oncology is cleverer and equipped with new tools. Ways to bring cancer under control, to prevent it occurring in populations and causing death and disability in individuals, can now be implemented with far more precision than ever before.

The strategies, the policies, and the tools to make a huge impact on cancer have already been discovered, have been proven to work in some settings, can be implemented without harming the interests of sovereign states, and do not have the paralysis of political, economic or religious divisions built into them. We command the scientific evidence to support arguments for policy change and the investment that will lead to reduction in cancer deaths.

An advocacy theme about grasping opportunity builds on our strengths."

David Hill



the ability to determine risk by PSA baseline and kinetics and to identify “indolent” or low-risk disease. But there is also good evidence of over-detection, over-treatment, morbidity and complications from treatment, and cost to health providers. If 1 million asymptomatic men agreed to a PSA test, 100,000 would receive biopsies, 20,000 would have cancer, 10,000 might receive radical prostatectomy, 4,000 would have erectile dysfunction, 300 would have some degree of incontinence, and 10 would die.

For localized prostate cancer, patients have a choice of radical prostatectomy, radiotherapy or watchful waiting. Metastatic disease is treated with hormone therapy (androgen deprivation therapy) or, where hormone insensitive, by chemotherapy. Prof Hein Von Poppel of the Catholic University Hospital in Leuven, Belgium, and director of the European School of Urology, focused on the intermediate case: locally advanced (cT3-4) cancer.

Randomized trials showed that treating locally advanced disease with a combination of radiotherapy and hormone therapy (ADT) was superior to radiotherapy alone. But they never showed that radiotherapy, with or without ADT, was better than surgery (alone or in combination). Radiotherapy was not optimal in localized cancer: why then would it be preferred for locally advanced disease that is operable? ADT also raised safety concerns: even short-term use was dangerous, increasing the risk of cardiovascular death. The case for surgery needs to be reconsidered.

Not all cT3 cancers can be operated. The prognosis of these patients is often poor, and the only possibility is radiotherapy combined with hormone therapy, or perhaps hormone therapy alone. But many cT3 prostate cancers are good candidates for surgery. Surgery as a monotherapy can be enhanced by a multidisciplinary approach, with radical prostatectomy supplemented by adjuvant or salvage radiation treatment or hor-

more treatment. Patients must be counselled about the possibility of starting with radical prostatectomy. Primary radiotherapy and hormone therapy is not the treatment of choice for all locally advanced prostate cancers.

Effective psychological interventions can have a positive effect on quality of life, said Prof Suzanne K Chambers of Griffith University, Australia. But there is scant high-quality research on effective ways to support men with prostate cancer and their families. Consumer groups and advocates, NGOs, and health services should work together to set priorities and develop and translate research.

Nurses play an important role in the supportive care of men with prostate cancer, said Sarah Faithfull of the University of Surrey, UK – particularly in providing information, support after cancer diagnosis and symptom management. But this role is often under-resourced in many countries, and specialist training for oncology nurses is lacking.

Chrigu wins grand prize in Reel Lives film festival

Grand prize in a international documentary film festival on cancer – the first of its kind – that ran in parallel to the World Cancer Congress went to *Chrigu*, an entry from Switzerland.

Reel Lives: The cancer chronicles was organized by the UICC to raise awareness of the complex realities of cancer globally, to shatter taboos and myths surrounding the disease, and to challenge stigma. The film festival paid tribute to those whose lives have been impacted by cancer, and gave them the opportunity to tell their story to a global audience.

Chrigu tells the story of a young man who had great plans for his future until, at the age of 21, an advanced-stage tumour was discovered in his neck. Director Jan Gassmann follows Christian Ziörjen’s (Chrigu) fight to live and creates a moving and surprising portrait of his best friend.

“The medium of film is very powerful, especially in such a complex, personal project,” says Jan Gassmann. “Through film, Christian was able to





Isabel Mortara with festival staff Claudia Durnant and Silvia Perel

show people what he was really going through and how the disease changed him. It became a kind of helpful self-reflection for him.”

Runner-up prizes were awarded to *The Truth about Cancer* (USA) for best reportage, *The Art of Living* (India) for best personal story, *The Children of Avenir* (Morocco) for best organizational film and *Hookah* (Israel) for the best public service announcement. More than 250 films were entered into the competition, and the award winners were chosen from an impressive line-up of 33 finalists from 16 countries.

General assembly 2008

More than 150 delegates, representing 106 member organizations from 59 countries, attended the general assembly in Geneva in August. The assembly focused on strategic planning for the future in order to strengthen the UICC and increase its external impact.

The assembly, composed of delegates of full member organizations and representatives of common interest groups, is the supreme governing body of the UICC; associate members are entitled to send observers. The assembly adopts or amends the constitution, decides the mission and strategic plan of the UICC, selects the president and board of directors, and determines the annual dues.

Dr Franco Cavalli, the outgoing president, reported that the experience of organizing the World Cancer Congress had been entirely positive. Reports were also presented on the new cervical cancer initiative and on future activities in capacity building, international cancer fellowships, tobacco control and the World Cancer Campaign.

New president Dr David Hill reflected on the principles that underpin what the UICC does. These have to do with people, knowledge and advocacy. The more skilled people are, and the better the evidence base, the more effective our actions will be. And advocacy is essential: cancer control requires “buy in” from decision-makers both inside and outside the cancer/health sector.

“For the UICC, the best expertise is one phone call away. We are much more explicit that we’re involved in advocacy, but equally, we should be quite unapologetic that research needs to be done to drive advocacy,” he said. “Our authority lies in the strength of the knowledge and the expertise of the people we can call on.”

“We think about the UICC as the entire membership,” Hill concluded. Two key moves are to position the World Cancer Congress as the professional development vehicle for member organizations’ staff and volunteers and to position the UICC

as the voice for global cancer advocacy, complementing what is done nationally.

In a special constitutional session, the assembly made six minor amendments to the constitution and by-laws, strengthening the internal structures of the Union:

- clarifying that common interest groups may be set up by the board of directors but once created are autonomous
- changing the quorum for the board of directors to a simple majority
- specifying that a president-elect, once chosen, doesn’t need to be elected again as president
- spelling out the rules governing payment of membership dues
- explaining what happens if a board member leaves the organization that nominated him or her, the organization ceases to be a UICC member, or the board member moves to – or is considered to have inappropriate links with – an organization whose aims are contrary to the UICC mission. An obvious example is the tobacco industry.



A Reel/Lives screening



UICC awards for excellence in cancer control



Janez Janša



José Gomes Temporão



Tezer Kutluk, TACRC

Highlight of the general assembly gala dinner was the presentation of UICC awards to individuals and organizations “whose vision has been an inspiration to colleagues and partners and whose contributions have led to major achievements in the fight against cancer”.

Prime minister Janez Janša of Slovenia was honoured for his support of key cancer control policies and services. Slovenia is one of the European Union’s newest member states but has been consistently recognized for developing effective and innovative national policies that serve as a model for other countries in the region. During Slovenia’s presidency

of the EU, Prime minister Janša ensured that cancer was a priority topic. On his recommendation, a pan-European conference was organized to support the development of new cancer control legislation to benefit the entire EU.

Dr Harald zur Hausen, professor emeritus and recent chairman and scientific director of the German Cancer Research Centre, Heidelberg, was honoured as an outstanding volunteer. Prof zur Hausen is a renowned cancer researcher and Nobel laureate (see p.19), editor-in-chief of the *International Journal of Cancer*, and head of the UICC’s cervical cancer initiative.

Dr José Gomes Temporão, minister of health in Brazil, was honoured as an outstanding government official. Dr Temporão helped to create a comprehensive population-based cancer control programme, with particular emphasis on broad outreach campaigns and substantive development of prevention and palliative care.

The Turkish Association for Cancer Research and Control (TACRC) was honoured as an outstanding organization. The TACRC, the oldest cancer NGO in Turkey, significantly supports the Turkish population both within and outside the country and has worked closely with the UICC in many important activities and projects.

World Cancer Congress sponsors and supporters

American Cancer Society
 American Society of Clinical Oncology
 Asociación Española Contra el Cáncer
 Associação das Ligas Ibero-Americanas Contra o Cancro
 Association of European Cancer Leagues
 Biovica AB
 BNP Parisbas
 Breast Cancer Testimonials
 Breast Health Global Initiative
 Bristol-Myers Squibb
 BSD Medical
 Canadian Cancer Society
 Cancer Control P.L.A.N.E.T.
 Cancer Council Australia
 Cancer Council Victoria
 Cancer Information Service
 Cancer Patients Aid Association
 Cancer Research UK
 Cancer Society of Finland
 Cancer Tales
 Center For Disease Control and Prevention
 Chinese Anti Cancer Association
 CIPRET-Genève
 Colorectal Cancer Association of Canada
 Comisión Honoraria de Lucha Contra el Cáncer
 Confédération Suisse
 Europa Uomo
 European CanCER Organization
 European Cancer Patient Coalition
 European Cervical Cancer Association

European Oncology Nursing Society
 European Organisation for Research and Treatment of Cancer
 European School of Oncology
 European School of Oncology Foundation
 European Society for Medical Oncology
 Fédération Nationale des Centres de Lutte Contre le Cancer
 Garnier
 GlaxoSmithKline
 HealthGrid – ACGT Project
 HHC – Helvetica Health Care
 ICV Volunteers
 Institute of Medicine of the National Academies
 International Brain Tumour Alliance
 International Cancer Information Service Group
 International Council of Nurses
 International Federation of Pharmaceutical Manufacturers and Associations
 International Psycho-Oncology Society
 International Society of Geriatric Oncology
 International Society of Nurses in Cancer Care
 Irish Cancer Society
 Karger AG
 Lancet
 Ligue Suisse Contre le Cancer
 Lilly
 Livestrong - Lance Armstrong Foundation
 Macmillan Cancer Support
 Merck Serono

Mirabaud
 Multinational Association of Supportive Care in Cancer
 National Cancer Institute
 Nestlé
 Nordic Cancer Union
 Novartis
 Nucleon Ltd
 Observatoire du Tabac en Afrique
 Francophone
 Onco Suisse
 Oncology Nursing Society
 Oncosuisse
 Open Society Institute
 Pan American Health Organization
 Pfizer
 Programme of Action for Cancer Threapy
 Public Health Agency of Canada
 Qiagen
 Roche
 sanofi aventis
 Sanofi Pasteur MSD
 Sociedad Latinoamericana y del Caribe de Oncología Médica
 St. Jude Children’s Research Hospital
 Teenage Cancer Trust
 Wiley-Blackwell
 Wisepress Ltd
 Women in Government
 World Cancer Research Fund International
 World Health Organization (WHO)

World Cancer Congress 2008





Platforms for communication

GLOBALink

GLOBALink, the online UICC tobacco control network, is an internationally recognized platform for communication for tobacco control professionals, allowing them to find and exchange the latest, most accurate information and analysis, access specific publications, guidelines and reports, and engage in collective action.

Now in its second decade,

GLOBALink has received the Luther L Terry Award and the Tobacco or Health medal from WHO. Among its most popular services are the GLOBALink forums, the News and Information Monitoring Initiative, and the Medical Journal Update.

GLOBALink hosts 14 general forums in English, 12 general forums in other languages, and 15 national forums in various languages. These

forums allow members to make announcements, distribute information, exchange strategies, ask questions and seek advice. Most importantly, they are a place for debate and discussion.

The GLOBALink advisory committee has developed a “netiquette” to guide conduct so as to create active, participatory, relevant and quality dialogue in the forums.

Conflicts of interests

GLOBALink members are required to have no affiliation with the tobacco industry (and to declare their affiliation to companies that produce

smoking-cessation or similar tobacco-related products).

The tobacco industry notoriously channels funding to scientists, educa-

tors and public bodies through allegedly independent “arms-length” bodies. Consequently, the GLOBALink advisory committee

Empowering tobacco control

In February, the UICC welcomed a landmark report by the World Health Organization (WHO), presenting the first comprehensive analysis of global tobacco use and control efforts.

The *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package* documents how the tobacco epidemic is shifting to the developing world and warns it could claim as many as a billion lives by the end of the century. It compiles data on the numbers of smokers or tobacco chewers in 179 countries and notes that governments collect more than US\$200 billion (€137 billion) in tobacco taxes every year but spend less than one fifth of 1% of that revenue on tobacco control. It emphasizes that only 5% of the world’s population live in countries that fully protect their population with any of the key measures that reduce smoking rates.

The report urges governments to adopt tobacco control policies to prevent young people from beginning to smoke, to help smokers quit, and to protect non-smokers from exposure to second-hand smoke.



interprets "affiliation" strictly, to exclude:

- having shareholdings in any tobacco industry of more than 10 shares
- owning a patent or proprietary interest in a technology or process for the consumption of tobacco or other tobacco use related products or initiatives
- being employed by, contracted to, receiving honoraria, or accepting direct or indirect financial support for travel, conference attendance, research, education or other ser-

vices from any tobacco company or association, or any agent known to be acting for tobacco companies or associations

All forum contributors were required to declare any conflicts of interests by the beginning of February 2008.

The News and Information Monitoring Initiative (NIMI) is produced in four languages. NIMI in English is edited by Sonja Johnston (2,986 items reported in 2008), in French by Christelle Touré (1,778 items), in German by Dietmar Jazbinsek (1,123 items), and Spanish

by Maria-Paz Corvalán (914 items).

The Medical Journal Update (MJU) edited by Stan Shatenstein produced 108 bulletins in 2008, abstracting tobacco-related articles of significance from the scientific literature.

GLOBALink grew by 8% in 2008. At the end of the year, it had 6,578 members in 156 countries.

To join GLOBALink, fill in the membership application online at join.globalink.org. You will need to be vouched for by at least two existing GLOBALink members.

Break the tobacco marketing net

On World No Tobacco Day, 31 May 2008, the UICC joined the World Health Organization in calling for a comprehensive ban on all forms of advertising, promotion and sponsorship of tobacco products.

Globally, most smokers start smoking before the age of 18. Almost one fourth begin before they are ten. The younger children are when they first try smoking, the more likely they are to become regular tobacco users and the less likely they are to quit. Advertising is a net deliberately set by the tobacco industry to entrap them into addiction.

"It's time to break the tobacco marketing net and set our children and young people free," says UICC executive director Isabel Mortara. "One of the most effective ways to protect them from addiction, illness and premature death is to ban all forms of direct and indirect tobacco advertising - including promotion of tobacco products and sponsorship by the tobacco industry of any events or activities."



Global Cancer Control Community

The Global Cancer Control Community is a platform for communication between professionals, volunteers and staff working in cancer control. It provides an innovative networking and information website that allows exchange of information and informal collaboration between members and offers them a resource centre linking the best existing information tools by issue, region, and publisher.

Launched in September 2007, the Community completed its first full year of operation in 2008. In the course of the year it began to differentiate three signature products based on user preference and overall popularity.

Ask the Expert, the Community's first interactive feature, allows mem-

bers to question invited experts in cancer prevention and control. Six discussions were held in 2007-08:

- Cervical cancer and HPV vaccines
- Cancer in developing countries
- Cancer control planning
- Cancer research and clinical oncology
- Health communications and advocacy
- World Cancer Declaration

Ask the Expert has been one of the most popular features on the site since its launch, regularly described by both members and experts as an excellent forum in which to improve overall cancer control knowledge and north-south networking.

Daily Cancer News is a digest of global cancer-related articles produced



by the Community in partnership with the Cancer Council Victoria, Australia. It compiles items from various news sources and is sent by email to all members.

Global News Alert is a peer-reviewed



Ida Prista Maryetty
Member of the month, Nov-Dec 2008

monthly publication that provides a selection of scientific related news and current research. The alert is managed by Dr Paola Pisani, a cancer epidemiologist who has worked with the International Agency for Research on Cancer (IARC) and the University of Oxford and is now at the University of Turin, and edited by Dawn Antoline of John Wiley & Sons. It is distributed by email and is also available on the Community website.

The member of the month was launched in March 2008 to begin personalizing the website. Members of the month are chosen based on their level of participation in the Community: a picture and a short biography are posted, along with a small interview focusing on what they enjoy most on the site.

The Community played an important role in supporting UICC advocacy and communication:

- giving free access to the Community website to all participants during the World Cancer Congress
- hosting the smoke-free symbol competition and the endorsement page of the World Cancer Declaration
- inviting members to exchange information about World Cancer Day activities and to submit comments on the draft World Cancer Declaration 2008
- promoting the cervical cancer initiative and the World Cancer Declaration (through Ask the Expert discussions), the Reel Lives film festival, and UICC-sponsored grant and funding opportunities

Throughout the year, membership of the Community grew steadily. Currently it stands at 3,000.

To join the Global Cancer Control Community, visit the Community website: www.uicc-community.org.

Harald zur Hausen wins Nobel prize

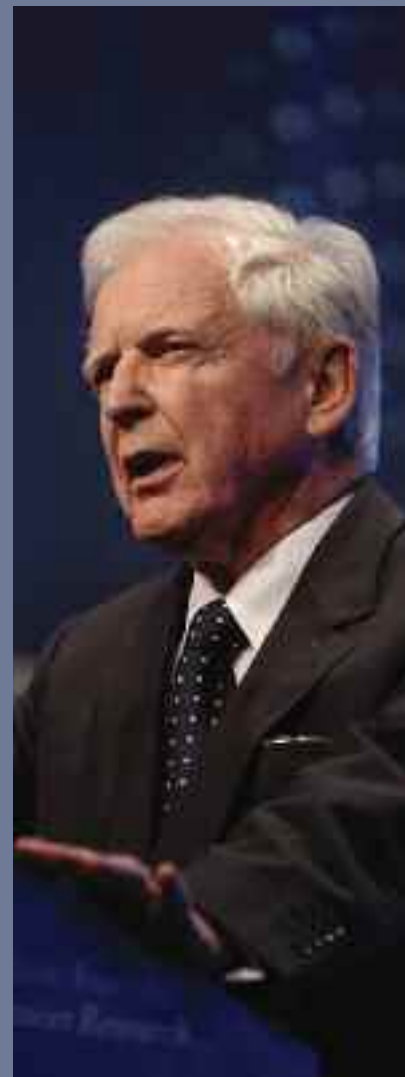
In October 2008, Prof Harald zur Hausen, editor-in-chief of the UICC's International Journal of Cancer, was awarded a Nobel prize for his discovery of human papilloma viruses causing cervical cancer.

In making the award, the Nobel Assembly said that Prof zur Hausen "went against current dogma and postulated that oncogenic human papilloma virus (HPV) caused cervical cancer, the second most common cancer among women. He realized that HPV DNA could exist in a non-productive state in the tumours, and should be detectable by specific searches for viral DNA. He found HPV to be a heterogeneous family of viruses. Only some HPV types cause cancer. His discovery has led to characterization of the natural history of HPV infection, an understanding of mechanisms of HPV-induced carcinogenesis and the development of prophylactic vaccines against HPV acquisition..."

"The global public health burden attributable to human papilloma viruses is considerable. More than 5% of all cancers worldwide are caused by persistent infection with this virus. Infection by the human papilloma virus is the most common sexually transmitted agent, afflicting 50-80% of the population. Of the more than 100 HPV types known, about 40 infect the genital tract, and 15 of these put women at high risk for cervical cancer..."

"Harald zur Hausen demonstrated novel properties of HPV that have led to an understanding of mechanisms for papilloma virus-induced carcinogenesis and the predisposing factors for viral persistence and cellular transformation. He made HPV16 and 18 available to the scientific community. Vaccines were ultimately developed that provide ≥ 95 % protection from infection by the high risk HPV16 and 18 types. The vaccines may also reduce the need for surgery and the global burden of cervical cancer."

The UICC congratulates Prof zur Hausen warmly on this distinction.



UICC member organizations



A simulated colon to educate the public about cancer development and the importance of early detection
Hong-Kong Anti-Cancer Society



Daffodil Day
Irish Cancer Society



Breast self-examination in the Telecom screening programme
Breast Cancer Foundation of Egypt



Walk Against Cancer 2008
Instituto Centroamericano de la Salud, Nicaragua



Cancer information tunnels at the European City of Science
Institut national contre le cancer, France



Comical sketch to raise children's awareness of the sun's harmful effects
Israel Cancer Association



President Georgi Parvanov of Bulgaria with the APOZ chair
APOZ, Bulgaria



Isabel Mortara with children and staff in Tianjin, China



Mobilizing for action

I love my smoke-free childhood

Tobacco kills up to half of all its users. In the 20th century, according to the World Health Organization, it killed 100 million people. In the 21st century, it could kill one billion. But that's not all.

Scientific evidence proves that exposure to tobacco smoke causes death, disease and disability. Hundreds of thousands of people who have never used tobacco die

each year because of second-hand smoke.

On World Cancer Day, 4 February 2008, the UICC launched "I love my smoke-free childhood", with the important goal of ensuring that children worldwide grow up smoke-free. This was the first full-year theme in the five-year World Cancer Campaign, "Today's children, tomorrow's world", focused on children and their families.

Article 8 of the WHO Framework Convention on Tobacco Control commits parties to the convention – currently 164 states – to adopt and implement effective legislative, executive, administrative and other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

i LOVE my smoke-free childhood



world cancer day

4 February 2008

Legislation has been gathering pace since 2004, when Ireland became the first country to go completely smoke-free. Protecting nonsmokers from environmental tobacco smoke and helping smokers to stop, legislation plays a vital role in public health.

But legislation can't do everything. "I love my smoke-free childhood" is the first global effort to focus on the dangers of parental smoking in homes and cars.

Communications supporting the "I love my smoke-free childhood" campaign promoted smoke-free environments for the young and encouraged parental, health professional and policymaker responsibility, without limiting personal freedom.

The World Cancer Day press release ran in more than 60 countries. Our video news report featuring UICC executive director Isabel Mortara, Dr Michael Thun of the American Cancer Society, and Dr Hao Xishan of the China Anti-Cancer Association aired on CNN International and China Central Television, networks with a combined audience of half a billion households.

From Washington to Warsaw,

Endorsements pour in for campaign statement

Hundreds of organizations and individuals endorsed this "I love my smoke-free childhood" statement, placed online in mid-January.

All children are entitled to a safe smoke-free environment in which to live and play. The governments and people of the world should take all steps necessary to ensure this right. Therefore, we urge parents to protect their children by making their homes and cars smoke-free, keeping their children away from places where smoking is allowed, and demanding that childcare facilities, schools and other public places be smoke-free.

We urge health-care providers to inform all parents about the dangers of second-hand smoke and offer guidance to parents who smoke on how to quit.

We urge governments to educate their people about the dangers of second-hand smoke, ban smoking in vehicles carrying children, and outlaw smoking in all public environments.

Chicago to Los Angeles, Paris to Geneva – UICC president Dr Franco Cavalli and executive director Isabel Mortara took part in interviews with more than a dozen radio networks, reaching more than 8.5 million listeners.

National and regional broadcasters featured a UICC public service announcement for year-round play, featuring the child's perspective and

depicting how children's health suffers as the result of exposure to secondhand smoke.

In each news medium, reporters noted that people who smoke in confined spaces, such as the home or the car, subject others to a dangerous mix of toxins and carcinogens including nicotine, carbon monoxide, and cyanide, even when the windows are open.

Events around the world

Over 100 member organizations, together with partners, new and old, answered the UICC call, with a dazzling range of activities, some of which are reported here.

World Cancer Day spreads like brush fire through Africa

A record 22 African countries took part in World Cancer Day in 2008. In the Democratic Republic of Congo, Agir ensemble held two meetings to heighten awareness and encourage parents to protect themselves and their children from exposure to tobacco smoke.

The Ye Ethiopia Cancer Association and the Mathiwos Wondu-YeEthiopia Cancer Society worked closely with the health ministry. Their key messages were picked up enthusiastically by the media in both Amharic and English.

In Morocco, Princess Lalla Salma opened a day hospital at the National Cancer Institute to treat 4,800 patients a year. On behalf of the Lalla Salma Anti-Cancer Association, she

signed two agreements – with the National Office of Social Security to cooperate in cancer information and prevention campaigns and with Laboratoires Roche to work on training health professionals, information and prevention, early detection of breast cancer, epidemiological studies and scientific research.

In Senegal, the Hôpital Dantec, Dakar, organized cycling, roller-skating and martial arts demonstrations. As in previous years, the Cancer Association of South Africa was active in all its regions. In Tanzania, the Ocean Road Cancer Institute ran articles on cancer awareness in the Kiswahili and English press, aired a documentary on World Cancer Day, and organized a charity walk.



Princess Lalla Salma, Morocco



Cancer Society New Zealand congratulates parents – and challenges them



The percentage of parents and caregivers allowing smoking in their homes in New Zealand fell by one-third between 2003 and 2006. Today, nearly 90% of Kiwi homes with children have banned smoking in the home. “This really shows that the smokefree homes message is getting through to parents and care-

givers,” said Belinda Hughes, Cancer Society New Zealand’s tobacco control advisor.

The cancer society urged parents and caregivers who smoke to go one step further and quit smoking, especially when pregnant. More than one in five pregnant women in New Zealand smoke.

Campaign in Northern Ireland linked to Smokebusters Club



The Ulster Cancer Foundation tied in World Cancer Day with a programme it has run for two decades for children who have chosen to reject smoking and promote health in their day-to-day lives.

Last year, nearly 30,000 school-

children joined the Smokebusters Club – almost two-thirds of Primary 6 and 7 pupils, and the highest ever enrolment. The club aims to intervene when young people are at a vulnerable age, says Judith West, UCF cancer prevention officer. Research

shows that ex-smokebusters know more about smoking, have a more negative attitude to smoking and are less likely to start smoking than other children of the same age.

US members take a multimedia approach

The American Cancer Society and the Centres for Disease Control and Prevention put World Cancer Day on their home pages, CDC noting that almost 22 million US children are exposed to second-hand smoke. Lance Armstrong signed on as an ambassador for the campaign.

For ASCO, Dr Paul Bunn spoke in a radio media tour broadcast by nearly 900 radio networks and stations and heard by more than 12.5 million people. The National Cancer Institute posted a tile on its websites and covered the campaign in its Cancer Bulletin. St Jude Children’s Research Hospital included a live webcast on Cure4Kids and mailed postcards to children in hospitals across the country. Women in

Government shared information with US women state legislators.

“Educating children on the strong link between cancer and lifestyle factors such as smoking can have a pos-

itive impact in their adult lives,” said Dr Raul Ribeiro, director of the international outreach programme at St Jude.



Lance Armstrong

Let's go fly a kite, say Venezuelan organizations

In 2007, the Dr Luis Razetti Oncology Institute, the JM de Los Ríos children's hospital, and the Venezuelan Association for Parents of Children with Cancer centred their World Cancer Day campaign on balloons of hope (globos de esperanza). For World Cancer Day 2008,

they chose kites: hundreds of kites made by children on which they were asked to express their dreams for the future. The campaign reached its climax on 16 March in the Museo de Bellas Artes, where children danced, displayed paintings and flew their kites.



Protecting our children against second-hand smoke



The UICC released this 40-page report on World Cancer Day 2008 in support of the "I love my smoke-free childhood" campaign.

The report was developed in partnership with recognized tobacco control leaders, including Dr Jonathan Samet, senior scientific editor of the 2004 and 2006 US Surgeon-General's reports on smoking and health. It reviews current research, spells out the health consequences to children of exposure to environmental tobacco smoke, and makes detailed recommendations on protecting children in homes and cars, day-care, schools, and other public places.

What is new?

The report builds on article 8 of the WHO Framework Convention on Tobacco Control, which commits government ratifying the treaty to act against environmental tobacco smoke, and the latest scientific evidence, including the US Surgeon-General's 2006 report on the health effects of involuntary exposure to tobacco smoke and more recent research.

It assesses the levels of exposure to second-hand smoke among children, using biomarkers such as the amount of cotinine (a metabolite of nicotine) in their urine, blood or saliva, or other markers such as the quantities of respirable suspended particles (RSPs), nicotine or carbon monoxide in the air they breathe. For example, one recent study assessing the impact of smoke-free legislation shows that the level of cotinine in the saliva of Scottish schoolchildren fell by 40% on average after Scotland went smoke-free; in children living in smoke-free homes, it dropped by over 50%.

It makes new recommendations to governments, policymakers and health professionals, reflecting the best current scientific opinion. For example, it backs a new trend to ban

smoking in all vehicles, even private cars, where children are present. Until recently, cars were thought to be beyond the reach of legislation.

Most important, it focuses on a key area beyond the reach of government action: children in their own homes, where they spend much or even most of their time, and where they are most vulnerable.

The report is available online and in print in English, French, Japanese or Spanish.



Smoke-free initiative in correlation with "I love My Smoke-Free Childhood", Epidaure, France

New voices of hope

Two well-known personalities joined UICC's voices of hope – leaders from all walks of life who raise awareness of cancer and cancer prevention – for the "I love my smoke-free childhood" campaign.

"Where children are concerned, educating parents about the dangers

of second-hand smoke at home is critical to their healthy future," said Lance Armstrong, champion cyclist, cancer survivor, and founder and chairman of the Lance Armstrong Foundation.

"I'm a parent, and I know that it is important to encourage my children

to exercise, eat right and avoid smoking and second-hand smoke. Healthy habits will improve their quality of life and reduce the incidence of cancer."

"Sometimes we can't wait for government to lead the way. Sometimes we have to grab the

reins, and that's just what the 'I love my smoke-free childhood' campaign does. I'm hopeful it will help protect kids from smoking and prevent them from ever picking up the habit. We are proud to join with cancer-fighting organizations in every region in the first truly global initiative of this kind."

Acclaimed Finnish conductor Esa-Pekka Salonen echoed Armstrong's message. As music director of the Los Angeles Philharmonic and from 2008 principal conductor of the Philharmonia Orchestra in London, Salonen has developed a clear sense of aesthetic priorities: "The art of

conducting is not based on hierarchy or rules but focuses instead on the ultimate goal. I try to motivate the musicians, allowing them the freedom and responsibility that artists need to reach their full potential."

Salonen adopts a similar approach in his home life: "As a parent I encourage my children to adopt the healthy habits they will need to maintain their physical well-being and avoid preventable cancer. Motivating children to exercise, eat well, avoid too much sun and stay away from second hand smoke is key to their living a rich, full life."



A universal symbol for smoke-free environments for children



As part of the "I love my smoke-free childhood" campaign, the UICC announced a global competition for a universally recognizable symbol to identify places where children are free from environmental tobacco smoke.

We stipulated that the symbol should be universal – a graphic image without words, communicating across cultures. It should widely usable – in homes, cars, children's playgrounds, cafés and

restaurants, beach areas, etc. And it should be usable in different physical media – stickers, posters, balloons, kites, etc. – and electronically.

The competition was open to children and adults, creative agencies, art schools, and UICC member organizations. And the winners were Raul Pitarque and Javier Bou, two tobacco control activists from Argentina.

UICC member organizations



Young Relay for Life supporters raise funds for cancer
Cancer Council Australia



Pink challengers
Breast Cancer Welfare Association, Malaysia



World Cancer Day rally
Nepal Cancer Relief Society



2,000 children screened with help from the UICC
Cancer Patients Aid Association, India



Celebrating 20 years of Epidaure
Epidaure, France



Scientists meet in Havana
Unidad Nacional para el Control del Cáncer, Cuba



Alberta resident signs up for cancer prevention study
Canadian Partnership Against Cancer



A school workshop to encourage healthy eating habits
Federació Catalana d'Entitats contra el cancer, Spain



A doctor at the Christie Hospital, UK

Photo credit: Jeff McIntosh



Offering strong support

The George Washington Cancer Institute in Washington DC takes a comprehensive approach to a complex disease, providing a confluence of groundbreaking biomedical and clinical research, high quality educational programmes, outstanding patient care to the entire metropolitan Washington area, and effective outreach to the community. The CIHR Institute of Cancer Research, Canada, fosters research, based on internationally accepted standards of excellence that bears on preventing and treating cancer and improving the health and quality of life of cancer patients. Both institutes joined the UICC in 2008.

Other new members included cancer societies from Chile, Kyrgyzstan, Niger, Mali, Romania and Ukraine; hospitals from Argentina, Canada, India, Iran and Tanzania; the Ministry of Health, Indonesia; the Philippine Society of Paediatric Oncology; and regional and international bodies such as the African

Organization of Research and Treatment Centres (AORTIC), the European Cancer Organization (ECCO) and the International Brain Tumour Alliance. One of the UICC's special features is the involvement of ministries of health and other cancer control institutions that set out national policy frameworks and play a leading role in health systems reform.

UICC members benefited from specially advantageous rates to attend or exhibit at the World Cancer Congress. Member organizations also profited from increased support for training and education, auspices for scientific conferences and publications, workshops, dissemination of information via websites, and participation in taskforces. To deepen communication with and between members, UICC publications are ordinarily available in French and Spanish as well as English; with the help of members, they are often translated into other languages, such as Arabic, Chinese, or Hebrew as well.

What new members expect

AORTIC

Network and share information with other institutions active in cancer control

CIHR Institute of Cancer Research, Canada

Be part of a global community in the fight against cancer, share experience, adapt advocacy tools to mobilize our national audience, and get political support

ECCO

Contribute to UICC initiatives, in particular actions to follow up on the World Cancer Declaration

Ministry of Health, Indonesia

Be involved in international cancer control, make use of opportunities to improve knowledge and skills

UICC fund makes awards to 20 projects and study tours

The UICC cancer capacity-building fund, launched in 2007, supports member organizations in resource-constrained countries in reaching out to their communities.

The project theme for 2008 was promotion of tobacco prevention activities related to the "I love my smoke-free childhood" campaign.

Out of 51 applications submitted, the review committee approved 18 projects for activities and 2 applications for small grants to finance study tours. Details of the awards are available on the UICC website: www.uicc.org/cancerfund.

The fund was established with funds from countries implementing

Relay For Life, an event licensed and supported through training and technical assistance by the American Cancer Society, a UICC member organization. A second call for projects was launched in September 2008.

Developing effective public education campaigns for tobacco control



Over 60 participants from 34 countries responded enthusiastically to a two-day workshop on tobacco control held in conjunction with the World Cancer Congress in Geneva in August 2008.

The workshop, supported by the cancer capacity-building fund, aimed to introduce smoke-free toolkits and other resources and share experiences in order to intensify the global effort to create a smoke-free environment for all, especially children. The first day offered an overview of tobacco control. The second day moved from

theory to practice.

Karen Gutierrez, director of the Global Dialogue for Effective Stop Smoking Campaigns for Tobacco Prevention, gave concrete examples of successful country-level campaigns around the world and highlighted the range of different communications approaches advocates have used and the wealth of campaign material that is available to use or adapt. Group exercises helped participants learn how to assess the impact of their own tobacco control communications strategies and campaigns.

Staff from WHO's Tobacco Free Initiative outlined how, following ratification of the Framework Convention on Tobacco Control, they have now shifted to helping countries develop policies to ensure comprehensive implementation.

In the last part of the workshop, the participants presented their own campaigns and received feedback on how to improve and refine their campaign initiatives.

"As a small organization, we are not in the public eye. This workshop was an opportunity to network and learn from the experience of others: how to develop messages, campaigns and ways to set up funding to continue our work in tobacco control in the most remote villages of the Himalayas."

Bhanu Iyenger
Vishnu Namn Biringu
Medical Trust Hospital, India

Capacity-building fund awards

Algeria	<i>Smoke-free environments for children</i>	Ennour for helping cancer patients
Burundi	<i>Promoting a smoke-free environment in the Gitega region</i>	Alliance burundaise contre le cancer
China	<i>Investigate the smoking habits and breast cancer awareness of women</i>	Chinese Anti-Cancer Association
Colombia	<i>Health promotion for schools in Copacabana,</i>	Medicancer
Ethiopia	<i>Anti-tobacco campaign</i>	Mathiwos Wondu: Ye Ethiopia Cancer Society
India	<i>Control of tobacco-related pre-cancerous conditions in children</i>	Cancer Patients Aid Association
Indonesia	<i>Study trip to Canadian Cancer Society, Dr Ida Prista-Maryetty</i>	Indonesian Cancer Society
Israel	<i>Dear father, when you smoke around your children, you harm them</i>	Israel Cancer Association
Kyrgyzstan	<i>Tobacco control and cancer prevention awareness</i>	Ergene public organization
Nepal	<i>A smoke-free childhood and capacity-building project in Kathmandu</i>	Nepal Cancer Relief Society
Nicaragua	<i>Strengthening civil society's capacity to fight against tobacco, Promoting community participation in childhood cancer care</i>	Instituto CentroAmericano de la Salud (ICAS) Liga Nacional contra la Leucemia y el Cancer en el Niño
Nepal	<i>Study trip to the Cancer Council Victoria, Shambhu Prasad-Kadariya</i>	Cancer Society Nepal
Nigeria	<i>Walk for life: breast cancer awareness Smoke-free sensitization among primary school pupils in Calabar</i>	Care Organization Public Enlightenment (COPE) Nigerian Cancer Society
Palestinian territories	<i>Protect our children from second-hand smoke</i>	Patient's Friends Society-Jerusalem
South Africa	<i>A school-based anti-tobacco education programme</i>	Cancer Association of South Africa
Tanzania	<i>Preparing a documentary film in Swahili on Burkitt's lymphoma</i>	Ocean Road Cancer Institute
Turkey	<i>Capacity building of patient support/survivor groups</i>	Turkish Association for Cancer Research and Control
Uruguay	<i>Smoke-free homes</i>	Comisión Honoraria de Lucha contra el Cáncer



The world of cancer information

All cancer organizations face the challenge of communicating accurate information to cancer patients. In conjunction with the World Cancer Congress, the International Cancer Information Service Group (ICISG) and the UICC presented an all-day course on how to start and manage a cancer information service (CIS). Fifty participants from 18 countries attended to learn more about the steps needed to start a CIS, the basics of an information service, how to recruit and train staff, elements of quality management, and key resources and technology.

“The ICISG was formed in 1996 at the first World Cancer Congress in Australia. We share a commitment to providing quality cancer information



Chris Thomsen (centre) with outgoing ICISG president Anne Vézina and ICISG board member Silvia Den of InfoCancer, Switzerland

and to assisting other organizations to set up information programmes” said Chris Thomsen, president of the ICISG.

Preventing and controlling cervical cancer

The rapidly changing landscape of cervical cancer prevention and control demands the development of comprehensive, effective and appropriate strategies to support continuing global and country-level efforts. Recent advances in cervical cancer prevention offer new hope for controlling the disease in developing countries, where 80% of cases occur.

UICC’s cervical cancer initiative, led by Nobel laureate Harald zur Hausen, advocates for affordable vaccination, screening and treatment for all women, especially in resource-constrained countries. It seeks to raise awareness through public informa-



tion, education and advocacy; provides training opportunities for health professionals and decision-makers; and is launching a comprehensive pilot project in Tanzania. The UICC

is a signatory of Afrox’s “Oxford Declaration” and an active member of the Cervical Cancer Action coalition.

Social and economic repercussions of HPV screening and vaccination programmes



How effective are HPV (human papilloma virus) vaccination and screening programmes in the global fight against cervical cancer? The cost of HPV vaccines and delivery costs are often cited as a barrier to implementing vaccination programmes, so how can this be overcome, particularly in developing regions?

In a series of three monographs launched at the World Cancer Congress, leading researchers set out the best independent, global thinking on the issues, provided new research on the cost-effectiveness of HPV

vaccination in two of the hardest hit regions of the world – Latin America and the Asia-Pacific region – and offered new insights into the most promising strategies for tackling the disease in low-resource settings.

The monographs, produced by the Institut Català d’Oncologia (ICO), a UICC member organization, were published as supplements to the journal *Vaccine*. Some of the 120 experts who contributed to the ICO monograph series also discussed these questions in a webinar broadcast live from the congress.

Childhood cancer

At least 160,000 children aged 14 or under are diagnosed with cancer each year. The good news is that childhood cancer can largely be cured if detected sufficiently early. Yet children with cancer in developing countries have less than a 50% survival rate, as opposed to 80% for children living in high-income countries.

The “My child matters” initiative was launched by the UICC in 2006 in partnership with sanofi-aventis and with support from the US National Cancer Institute. To date, it has awarded grants to 33 pilot projects in 21 countries, covering public awareness, early detection, treatment and supportive care, professional education, and palliative care.

The “My child matters” steering committee is led by Dr Raul Ribeiro of St Jude Children’s Hospital, Memphis, Tennessee. In August 2008, Dr Ribeiro and other members of the committee published an article in the *Lancet Oncology* assessing the baseline status of paediatric cancer care in the first 10 countries to receive “My child matters” support: Bangladesh, Egypt, Honduras, Morocco, the Philippines, Senegal, Tanzania, Ukraine, Venezuela, and Vietnam.

They found that the baseline status varied substantially between the countries surveyed. Management of paediatric cancer and access to care were poor or deficient in seven of the ten countries surveyed. Detailed surveys can provide useful data for baseline assessment but cannot substitute for national cancer registration.

“Nearly five years after it was launched, ‘My child matters’ clearly demonstrates that it is possible to create altogether new types of partnerships to address health challenges that do not receive sufficient attention, such as child cancers in developing countries.”

Caty Forget
senior director
humanitarian partnership
sanofi-aventis



Alliances between public, private, and international agencies might rapidly improved the outcome of children with cancer in these countries.

Projects awarded funding

Meeting in December 2008, the “My child matters” steering committee approved funding of up to €50,000 for eight new projects

Burkina Faso

Reinforcing the ability to handle childhood cases of cancer at the Centre Hospitalier Universitaire Yalgado Ouédraogo and Centre Hospitalier Universitaire Charles de Gaulle, Diarra Ye, CHU de Ouagadougou

Colombia

Establishment of a surveillance system for childhood cancer in Cali, Colombia, Luis Eduardo Bravo, Registro Poblacional de Cancer de Cali

Ivory Coast

Refurbishing of a paediatric oncology unit, Andoh Joseph, University Hospital Centre of Treichville, Abidjan

Pakistan

Childhood tumour registry, Karachi, Yasmin Bhurgri, Karachi Cancer Registry

Outreach training programme for paediatric oncology in Sindh and Balochistan, Muhammad Shamvil Ashraf, Children Cancer Foundation Pakistan Trust, Karachi

Establishment of a paediatric palliative care unit, Agha Shabbir Ali, Department of Oncology and Hematology The Children’s Hospital and Institute of Child Health, Lahore

Paraguay

Establishment of a Paraguay childhood cancer network to improve early detection, access to care and treatment, Angélica Samudio, National University of Asunción

A bridge for life, Jabibi Noguera, “Ninos de Acosta Ñu” Paediatric General Hospital, Asunción



International cancer fellowships

Each year, the UICC awards international cancer fellowships to help in the professional development of cancer investigators, clinicians and nurses, and cancer society staff and volunteers, so that they can deliver appropriate diagnosis, treatment and care wherever they live. Over 6,000 fellowships have been awarded to date.

In 2008, UICC awarded 140 fellowships	
American Cancer Society international fellowships for beginning investigators (ACSBI)	5
Yamagiwa-Yoshida Memorial international cancer study grants (YY)	12
International Cancer Technology Transfer (ICRETT) fellowships	104
International Cancer Technology Transfer (ICRETT) training workshops	10
Trish Greene international cancer nursing training workshops (CNTW)	4
Asia-Pacific Cancer Society training grants (APCASOT)	5
Total	140

Setting priorities in radiotherapy: technology and access

India with its rising economic prosperity is a country in transition, although large sections of the population still await the health benefits of this boom. On the other hand, its sizeable technical workforce, its technological capability and a demanding middle-class create a push for a modern and technology-intensive approach to health care.

The latest developments in imaging and increasing precision of delivery are now an integral part of radiotherapy in the developed world. Provision of universal access to such developments remains high on the agenda of all health systems, particularly publicly funded ones. In low- and middle-income countries the need to reconcile crucial technological advances with access to more basic cancer treatment is stark.

In January 2008, the UICC organized an ICRETT workshop in Chennai on setting priorities in radiotherapy, in partnership with the Association of Radiation Oncologists of India (AROI). Delegates were senior radiation oncologists, radiation physicists, heads of cancer centres, and senior oncologists from India's corporate health-care sector. The workshop discussed the frontline role of radiotherapy in cancer treatment in both the global and Indian settings, along with the need for a minimum acceptable standard of care.

An overview was given on the "great leap forward" from 2D to 3D radiotherapy and its modernizing implications for cancer treatment.



ICRETT fellow Marciano Anghinoni, Brazil



ICRETT fellow Chioma Asuzu, Nigeria

Training workshops

In 2008, the UICC awarded funding to eight ICRETT training workshops in Cyprus, Cuba, India, and Nigeria.

- Basic colonoscopy, National Hospital, Abuja, Nigeria, led by Dr Theresa Freeman-Wang, Whittington Hospital, London, UK
- Cancer registration, epidemiology and analysis of time trends, Tata Memorial Centre, Bangalore, India, led by Dr Franco Merletti, Servizio di Epidemiologia dei Tumori, Università di Torino, Italy
- Capacity building in the early detection and diagnosis of gastrointestinal cancers by endoscopy and pathology, University College Hospital, Ibadan, Nigeria, led by Dr Olorunda Rotimi, Algernon Firth Institute of Pathology, Leeds General Infirmary, UK
- Clinical trials in oncology: new strategies for the clinical evaluation of anticancer drugs, Instituto Nacional de Oncología y Radiobiología, Cuba, led by Dr Andrew Kramar, Epidaure, CRLC Val d'Aurelle-Paul Lamarque, Montpellier, France
- Flow cytometry in stem cell biology and regenerative medicine, Tata Institute of Fundamental Research, Bangalore, India, led by Dr Awtar K Ganju, University of Miami School of Medicine, USA
- Immunohistochemistry and gynecologic cytology, University of Lagos, Nigeria, led by Dr Olorunda Rotimi, Algernon Firth Institute of Pathology, Leeds General Infirmary, UK
- Psycho-oncology and family, Ministry of Health, Cyprus, led by Prof Michael Silbermann, Middle East Cancer Consortium

The UICC also funded two cancer nurses training workshops in Nigeria and the Philippines.

- Basics of oncology nursing, University College Hospital, Ibadan, Nigeria, led by Dr Anna Antonowich-Jonsson, Mercy Medical Centre, Redding, California, USA
- Oncology nursing 101, Makati Medical Centre, Philippines, led by Dr Ayda Nambayan, St Jude Children's Research Hospital, Memphis, Tennessee, USA

Standards and technological requirements were discussed, and the status of such interventions as PET scanning, helical tomotherapy and stereotactic radiosurgery was reviewed. The focus was on evaluating effectiveness, creating an evidence base and increasing provision of technology. The minimum provision to deliver effective radiotherapy across the entire population was debated. Ensuring access remains the fundamental step towards enhancing quality of cancer care.



ICRETT fellow Blaise Nkegoum, Cameroon

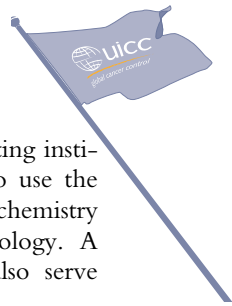
ICRETT workshop leads to new laboratory in Lagos



ICRETT fellow Pardis Ghafarian, Iran

Immunohistochemistry (IHC) is revolutionizing surgical pathology. The technique, which microscopically detects cellular constituents via specific antibodies – plays an important role in identifying primary tumours, detecting micro-metastasis, and providing prognostic information for cancer treatment of cancer.

In developing countries, facilities for this technique are not routinely available. An ICRETT workshop on immunohistochemistry was held in October 2008 at Lagos University Teaching Hospital. The 43 participants were practising histopathologists, resident doctors in histopathology and laboratory scientists from 25 tertiary and general hospitals covering Nigeria. The vice-chancellor of the



University of Lagos chaired the opening ceremony, which was followed by a guest lecture on the clinical uses of immunohistochemistry. The workshop was well covered by national television and print media. For the practicing histopathologists, there was an

additional slide session on liver and gastrointestinal pathology. A smaller workshop on gynaecological cytopathology ran concurrently.

The impact of the workshop will be seen in improved standards of practice and research and better

patient care. Most participating institutions have now begun to use the techniques of immunohistochemistry and liquid based cytopathology. A laboratory in Lagos will also serve other centres in Nigeria.

Better together

Assessing the organizational needs of cancer patient groups in Croatia and Romania

Cancer patient groups provide much-needed services to cancer patients and their families, but their activities are rarely recorded or assessed. To support the development of effective and sustainable cancer patient groups, particularly in resource-constrained countries, the UICC conducted a pilot project with selected groups in Romania and Croatia.

Based on a series of interviews and observations, the researchers evaluated the capabilities of each group and made specific recommendations to increase their capacity.

Better Together, a UICC report published in August 2008 summarized the findings of the pilot project and can help build the capacity of patient groups in south-eastern Europe and beyond.



TNM



"The UICC has a long and rich tradition in developing cancer staging classification. It has demonstrated consistent commitment to internationally acceptable, evidence- and consensus-based staging classification relevant to both cancer control and clinical use."

Mary Gospodarowicz, Princess Margaret Hospital, Toronto, Canada

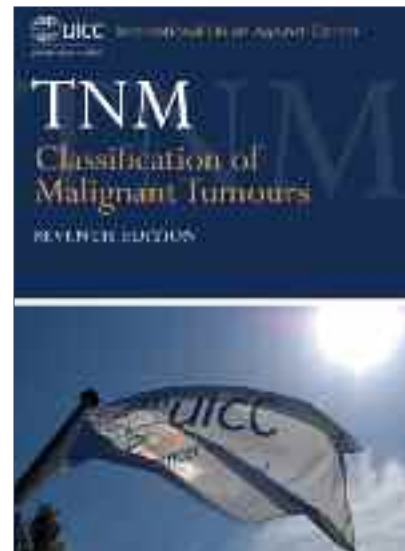
Cancer staging is an essential element in classifying and measuring the anatomic extent of disease. This measurement is elementary in evaluating the effectiveness of our intervention. Shifts in stage are the earliest indication of effective screening and early detection programmes, evaluation of the impact of practice guidelines, and quality of care.

In 1953, the UICC adopted the TNM classification of malignant tumours created by Pierre Denoix. Today, TNM (tumour-node-metastasis) is the global standard for cancer staging. Through the TNM classification project led by Dr Leslie Sobin and Dr Mary Gospodarowicz, the

UICC reviews and regularly updates the *TNM Classification of Malignant Tumours*, the *TNM Atlas*, the *TNM Supplement*, and *Prognostic Factors in Cancer*.

Working across the world requires engagement while paying attention to the expertise and published evidence. For the classification to be adopted, opinion leaders' engagement and acceptance is essential.

The sixth edition of the *TNM Classification of Malignant Tumours* was published in 2002. A seventh edition is in preparation and is planned for publication at the end of 2009.



Africa

African Oncology Institute, Libya
 Agir ensemble, Democratic Republic of the Congo
 Alliance burundaise contre le cancer, Burundi
 Association de lutte contre les maladies cancé-
 reuses, Mali
 Association tunisienne de lutte contre le cancer,
 Tunisia
 Breast Cancer Foundation of Egypt
 Cancer Association of Botswana
 Cancer Association of Namibia
 Cancer Association of South Africa
 Cancer Association of Zimbabwe
 Care Organization Public Enlightenment
 (COPE), Nigeria
 Ego Bekee Cancer Foundation, Nigeria
 ENNOUR for Helping Cancer Patients, Algeria
 Fakkous Centre for Cancer and Allied Diseases,
 Egypt
 Hôpital Aristide le Dantec, CHU Dakar, Senegal
 Institut Salah Azaiz, Tunisia
 Kasr El-Einy Centre of Radiation Oncology and
 Nuclear Medicine (NEMROCK), Egypt
 Kenya Cancer Association
 Kenya Medical Research Institute
 Lalla Salma Association Against Cancer, Morocco
 Mathiwos Wondu - YeEthiopia Cancer Society,
 Ethiopia
 Medical Women Association of Tanzania
 Moroccan Society of Haematology and
 Paediatric Oncology (SMHOP)
 National Cancer Institute Cairo, Egypt
 Nigerian Cancer Society
 Ocean Road Cancer Institute, Tanzania
 Tous unis contre le cancer, Niger
 Reach to Recovery Kenya
 Society of Oncology and Cancer Research of
 Nigeria
 Uganda Women's Cancer Support Organization
 (UWOCASO)
 Ye Ethiopia Cancer Association, Ethiopia

Asia and the Pacific

Aichi Cancer Centre, Japan
 Apollo Cancer Institute, India
 ASHC Foundation, Bangladesh
 BP Koirala Memorial Cancer Hospital, Nepal
 Bangabandhu Sheikh Mujib Medical University,
 Bangladesh
 Bangalore Institute of Oncology, India
 Bangladesh Cancer Society
 Breast Cancer Welfare Association, Malaysia
 Can Tho Oncology Hospital, Vietnam
 Cancer Aid and Research Foundation, India
 Cancer Centre Welfare Home and Research
 Institute, India
 Cancer Council Australia
 Cancer Council ACT, Australia
 Cancer Council New South Wales, Australia
 Cancer Council Northern Territory, Australia
 Cancer Council Queensland, Australia
 Cancer Council South Australia
 Cancer Council Tasmania, Australia
 Cancer Council Victoria, Australia
 Cancer Council Western Australia
 Cancer Institute of JFCR, Japan
 Cancer Patients Aid Association, India
 Cancer Society Nepal
 Cancer Society of New Zealand
 Chiba Cancer Centre, Japan
 Chinese Anti-Cancer Association
 Chinese Medical Association
 Dharamshila Cancer Hospital and Research
 Centre, India
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 Fiji Cancer Society
 Foundation for Promotion of Cancer Research,
 Japan
 Fukuoka Cancer Society, Japan
 Gujarat Cancer and Research Institute, India
 Ho Chi Minh City Oncological Hospital, Vietnam
 Hokkaido Cancer Society, Japan
 Hong Kong Anti-Cancer Society, China
 Hope Society for Cancer Care, Taiwan, China

Indian Cancer Society
 Indonesian Cancer Foundation
 Indonesian Centre for Expertise in
 Retinoblastoma
 Institute of Cytology and Preventive Oncology,
 India
 Institute Rotary Cancer Hospital, India
 Japan Cancer Society
 Japan Foundation Multidisciplinary Cancer
 Treatment
 Japan Lung Cancer Society
 Japan Society of Clinical Oncology
 Japanese Breast Cancer Society
 Japanese Cancer Association
 Jikei University School of Medicine, Japan
 John Tung Foundation, Taiwan, China
 Kanagawa Cancer Centre, Japan
 Kidwai Memorial Institute of Oncology, India
 Korea Association of Health Promotion
 Korea Institute of Radiological and Medical
 Sciences
 Korean Cancer Association
 Korean Cancer Society
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 Ministry of Health, Indonesia
 Miyagi Cancer Centre, Japan
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 Australia
 National Cancer Centre, Japan
 National Cancer Centre, Korea
 National Cancer Centre of Mongolia
 National Cancer Centre, Singapore
 National Cancer Council (MAKNA), Malaysia
 National Cancer Institute, Thailand
 National Cancer Institute, Vietnam
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 Netaji Subhash Chandra Bose Cancer Research
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 Niigata Cancer Centre, Japan
 Osaka Cancer Foundation, Japan
 Osaka Medical Centre for Cancer
 Cardiovascular Diseases, Japan
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 Philippine Society of Paediatric Oncology
 Princess Takamatsu Cancer Research Fund, Japan
 Prostate Cancer Foundation of Australia
 Rajiv Gandhi Cancer Institute and Research
 Centre, India
 Ruby Hall Clinic, India
 Saitama Cancer Centre, Japan
 Sapporo Cancer Seminar Foundation, Japan
 Sasaki Foundation, Japan
 Science Council of Japan
 Shizuoka Cancer Centre, Japan
 Taiwan Cancer Society, Taiwan, China
 Tata Memorial Centre, India
 Thai Cancer Society
 Tianjin Medical University Cancer Institute and
 Hospital, China
 Tochigi Cancer Centre, Japan
 Tokyo Metropolitan Komagome Hospital, Japan
 Walter and Eliza Hall Institute of Medical
 Research, Australia

Europe

Academisch Medisch Centrum, The
 Netherlands
 Action for Breast Cancer Foundation, Malta
 APOZ, Bulgaria
 Asociación Española Contra el Cáncer, Spain
 Association of Slovenian Cancer Societies
 Association PAVEL, Romania
 Associazione Italiana di Oncologia Medica, Italy
 Associazione Italiana Malati di Cancro Parenti e
 Amici (AIMAC), Italy
 Associazione Italiana per la Ricerca sul Cancro, Italy
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 and Virology, Latvia
 Breakthrough Breast Cancer, UK
 Bulgarian National Association of Oncology
 Cancer Research UK
 Cancer Society in Stockholm, Sweden



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 Centre régional Jean Perrin, France
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 Centro di Riferimento Oncologico, Italy
 Centro per lo Studio e la Prevenzione
 Oncologica, Italy
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 Cochrane Cancer Network, UK
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 Bio-Oncologia (CINBO), Italy
 Croatian League Against Cancer
 Danish Cancer Society
 Deutsche Krebsgesellschaft, Germany
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 Deutsches Krebsforschungszentrum (DKFZ),
 Germany
 Dutch Association of Comprehensive Cancer
 Centers (ACCC)
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 Fondation contre le cancer, Belgium
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 Fondazione Edo Ed Elvo Tempia Valenta, Italy
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 Tumori, Italy
 Foundation Women Health and Family
 Planning, Ukraine
 Hellenic Cancer Society, Greece
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 Hungarian League Against Cancer
 Icelandic Cancer Society
 Institut Català d'Oncologia, Spain
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 Institut Paoli Calmettes, France
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 Istituto Nazionale per la Ricerca sul Cancro



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 Istituto Oncologico Romagnolo, Italy
 Istituto Superiore di Oncologia, Italy
 Kidney Cancer Research Bureau, Russia
 Krebsliga Schweiz, Switzerland
 League Against Cancer Prague, Czech Republic
 Lega Italiana per la Lotta Contro i Tumori, Italy
 Liga Portuguesa Contra o Cancro, Portugal
 Ligue nationale contre le cancer, France
 Lithuanian Oncological Society
 Ljubljana Institute of Oncology, Slovenia
 Lymphoma Coalition, UK
 Macmillan Cancer Support, UK
 Marie Curie Cancer Care, UK
 Marie Keating Foundation, Ireland
 Ministère de la Santé, Luxembourg
 NN Blokhin Cancer Research Centre, Russia
 National Cancer Centre of Georgia
 Norwegian Cancer Society
 Oncologic Centre Antwerp, Belgium
 Open Medical Club, Armenia
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 Petrov Research Institute of Oncology, Russia
 Polish Oncological Society
 Regina Elena Cancer Institute, Italy
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 Slovak League Against Cancer
 Slovenian Coalition for Tobacco Control
 Swedish Cancer Society - Cancerfonden
 Ulster Cancer Foundation, Northern Ireland
 Università degli Studi dell' Insubria, Italy
 Westdeutsches Tumorzentrum (WTZE), Germany
 World Cancer Research Fund, UK

Latin America and Caribbean

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 Asociación Hondureña de Lucha contra el Cáncer, Honduras
 Asociación Mexicana de Lucha Contra el Cáncer, Mexico
 Asociación Nacional Contra el Cáncer, Panama
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 Comisión Pro Fomento Vecinal Plaza

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 Fundación Boliviana Contra el Cáncer, Bolivia
 Fundación Chilena para el Desarrollo de la Oncología, Chile
 Fundación Hondureña para el Niño con Cáncer, Honduras
 Hospital de Clínicas Dr Manuel Quintela, Uruguay
 Instituto Brasileiro de Contrôlo do Câncer, Brazil
 Instituto Centroamericano de Salud, Nicaragua
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 Instituto Nacional de Cancerología, Colombia
 Instituto Nacional de Cancerología, Mexico
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 Instituto Nacional de Oncología y Radiobiología, Cuba
 Instituto Oncologico Henry Moore, Argentina
 Liga Argentina de Lucha Contra el Cáncer (LALCEC), Argentina
 Liga Bahiana Contra o Cancer, Brazil
 Liga Colombiana Contra el Cáncer, Colombia
 Liga Contra el Cáncer, Honduras
 Liga Dominicana Contra el Cáncer, Dominican Republic
 Liga Nacional Contra El Cáncer de El Salvador
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 Liga Nacional Contra la Leucemia y el Cancer en el Niño, Nicaragua
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 Sociedad Peruana de Cancerología, Peru
 Sociedad Peruana de Oncología Médica, Peru
 Sociedade Brasileira de Cancerologia, Brazil
 Trinidad and Tobago Cancer Society
 Unidad Nacional para el Control del Cáncer, Cuba

Middle East

Bahrain Cancer Society
 Cancer Institute, Imam Khomeini Medical Centre, Iran
 Cyprus Anti-Cancer Society
 Cyprus Association of Cancer Patients and Friends
 Haematology-Oncology and Stem Cell Research Centre, Iran
 Iraqi Merciful Organization for Medical and Scientific Research and Human Relief
 Israel Cancer Association
 King Faisal Specialist Hospital and Research Centre, Saudi Arabia
 King Hussein Cancer Centre, Jordan
 King Hussein Institute for Biotechnology and Cancer, Jordan
 Kuwait Society for Preventing Smoking and Cancer (KSSCP)
 Lebanese Cancer Society
 MAHAK Society to Support Children Suffering from Cancer, Iran
 Ministry of Health, Pakistan
 Ministry of Health, Saudi Arabia
 Ministry of Health, Turkey
 National Cancer Control Foundation, Yemen
 Patient's Friends Society - Jerusalem
 Pakistan Atomic Energy Commission
 Qatar National Cancer Society
 Research Centre for Gastroenterology and Liver Diseases, Iran
 Saudi Cancer Society, Saudi Arabia
 Shaukat Khanum Memorial Cancer Hospital and Research Centre, Pakistan
 Syrian Cancer Society
 Turkish Association for Cancer Research and Control

North America

American Association for Cancer Research
 American Cancer Society
 American College of Surgeons
 American Society for Therapeutic Radiology and Oncology
 American Society of Clinical Oncology
 Arthur G James Cancer Hospital Research Institute, USA
 British Columbia Cancer Agency, Canada
 Campaign for Tobacco-Free Kids, USA
 Campaign to Control Cancer (C2CC), Canada
 Canadian Association of Radiation Oncology
 Canadian Breast Cancer Foundation, Prairies/NWT Chapter
 Canadian Cancer Society
 Canadian Partnership Against Cancer
 Cancer Care Nova Scotia, Canada
 Cancer Care Ontario, Canada
 Candlelighters Childhood Cancer Foundation, USA
 C-Change, USA
 Centres for Disease Control and Prevention, USA
 Centre for Chronic Disease Prevention and Control, Canada
 Centre hospitalier de l'Université de Montréal, Canada
 CIHR Institute of Cancer Research, Canada
 College of American Pathologists
 Colorectal Cancer Association of Canada
 Fondation québécoise du cancer, Canada
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 George Washington University Cancer Institute, USA
 H Lee Moffitt Cancer Centre and Research Institute, USA
 Lance Armstrong Foundation, USA
 MD Anderson Cancer Centre, USA
 Massey Cancer Centre, USA
 National Cancer Institute, USA
 National Foundation for Cancer Research, USA
 Oncology Nursing Society, USA
 PATH, USA
 Princess Margaret Hospital, Canada
 St Jude Children's Research Hospital, USA
 Susan G Komen for the Cure, USA
 University of Colorado Cancer Centre, USA
 Women in Government, USA

Regional

African Organization for Research and Training in Cancer
 European CanCer Organization (ECCO)
 European Cervical Cancer Association
 European Institute of Oncology
 European Organization for Research and Treatment of Cancer
 European School of Oncology
 European Society for Medical Oncology
 European Society for Therapeutic Radiology and Oncology
 Sociedad Latinoamericana y del Caribe de Oncología Médica

International

International Brain Tumour Alliance
 International Confederation of Childhood Cancer Parent Organizations
 International Extranodal Lymphoma Study Group
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Tezer Kutluk, Turkey
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Lewis Rowett, Switzerland
Lisbeth Ruiz de Campos, El Salvador
Anne-Lise Ryel, Norway
Hélène Sancho-Garnier, France
Luiz Santini R Da Silva, Brazil
John Seffrin, USA
Kazuo Tajima, Japan
Vitor Veloso, Portugal
Harri Vertio, Finland
Barbara Whyllie, Canada
Brenda Wilson, Australia
Freda Yannitsas, Cyprus
Miri Ziv, Israel

**World Cancer Congress advisory panel**

David Hill, Australia (chair)
 Franco Cavalli, Switzerland
 Eduardo Cazap, Argentina
 Thomas Cerny, Switzerland
 Alberto Costa, Italy
 Mary Gospodarowicz, Canada
 Xi-shan Hao, China
 Joe Harford, USA
 Pearl Moore, USA

UICC taskforces**“A healthy active childhood” scientific report taskforce**

Terry Slevin, Australia (chair)
 Annie Anderson, UK
 Fiona Bull, UK
 Colleen Doyle, USA
 Mohandas Mallath, India
 Martin Wiseman, UK

Auspices taskforce

Tezer Kutluk, Turkey (chair)
 H el ene Sancho-Garnier, France
 Roberto Zanetti, Italy

Cancer drugs taskforce

Eduardo Cazap, Argentina (chair)
 Franco Cavalli, Switzerland
 Thomas Cerny, Switzerland
 Ian Magrath, Belgium
 Yogendra Kumar Sapru, India
 Harri Vertio, Finland

Capacity-building/Relay for Life taskforce

David Hill, Australia (chair)
 Heather Chappell, Canada
 Nancy E Lins, USA

Cervical cancer initiative taskforce

Harald Zur Hausen, Germany (chair)
 Suzanne Garland, Australia
 Joe Harford, USA
 Chris Meijer, The Netherlands
 H el ene Sancho-Garnier, France
 Rengaswamy Sankaranarayanan, France
 Carlos Santos, Peru
 Achim Schneider, Germany
 Margaret Stanley, UK
 Harri Vertio, Finland

Global Cancer Control Community taskforce

H Fred Mickelson, USA (chair)
 Massimo Crespi, Italy
 Petra Fordelmann, South Africa
 Eddie McCaffrey, UK
 Alena Petrakova, Switzerland
 Yuri Quintana, USA
 Ana Lucia Ruggiero, USA

GLOBALink taskforce

Stella Aguinaga Bialous, USA
 Simon Chapman, Australia
 Pascal Diethelm, France
 Prakash Gupta, India
 Luk Joossens, Belgium
 Doreen McIntyre, UK
 Yussuf Saloojee, South Africa
 Stan Shatenstein, Canada

“I love my smoke-free childhood” campaign taskforce

Yumiko Mochizuki-Kobayashi, Japan (chair)
 Sylviane Ratte, France
 Yussuf Saloojee, South Africa
 Jonathan M Samet, USA
 Michael Thun, USA
 Witold Zatonski, Poland

International cancer fellowships taskforce

Joe Harford, USA (chair)
 Paolo Boffetta, France
 John Chester, UK
 Marie Chow, USA
 Evgeny Imyanitov, Russian Federation
 Nicol Keith, UK
 Alberto Mantovani, Italy
 Tetsuo Noda, Japan
 Diane Robins, USA
 Curzio R uegg, Switzerland
 John Stevens, USA

“My child matters” taskforce

Raul Ribeiro, USA (chair)
 Franco Cavalli, Switzerland
 R M Egeler, The Netherlands
 Joe Harford, USA
 Ruth Hoffman, USA
 Tezer Kutluk, Turkey
 Jean Lemerle, France
 Ian Magrath, Belgium

Twalib Ngoma, Tanzania
 Eva Steliarova-Foucher, France

Solidarity fund taskforce

David Hill, Australia (chair)
 Johannes Bruns, Germany
 Franco Cavalli, Switzerland
 Eduardo Cazap, Argentina
 Joe Harford, USA
 Bruno Meili, Switzerland
 Anne-Lise Ryel, Norway
 Harri Vertio, Finland
 Barbara Whyllie, Canada

TNM core group process and prognostic factors taskforces

Leslie Sobin, USA (co-chair)
 Mary Gospodarowicz, Canada (co-chair)
 Umed Ajani, USA
 Hisao Asamura, Japan
 James Brierley, Canada
 Carolyn Compton, USA
 Louis J Denis, Belgium
 Frederick L Greene, USA
 Patti Groome, Canada
 Malcom Mason, UK
 Brian O'Sullivan, Canada
 Sergio Pecorelli, Italy
 Christian Wittekind, Germany

“Today's children, tomorrow's world” global survey taskforce

Melanie Wakefield, Australia (chair)
 Sharon Campbell, Canada
 Hein De Vries, The Netherlands
 Michael Stefanek, USA
 Jane Wardle, UK

World Cancer Declaration taskforce

David Hill, Australia (chair)
 Franco Cavalli, Switzerland
 Eduardo Cazap, Argentina
 Jol an Demeter, Hungary
 David Kerr, UK
 Jamal Khader, Jordan
 Twalib Ngoma, Tanzania
 Kathy Redmond, Switzerland
 Luiz Santini R Da Silva, Brazil
 John Seffrin, USA
 Kazuo Tajima, Japan
 Anne V ezina, Canada
 Miri Ziv, Israel

International cancer fellows in 2008

Country	Scheme	Country	Scheme		
Algeria	ICR	Dr Said Kenida	Georgia	ICR	Dr George Burkadze
Argentina	ICR	Dr Evangelina Edith Agriello	Germany	ICR	Ms Alexandra Schrader
	ICR	Dr Guillermina Azucena	Ghana	ICR	Mr Kofi Boamah Mensah
		Bongiovanni	Greece	ICR	Dr Christos Tsatsanis
	ICR	Ms Sabrina Natalia Copsel	Hungary	YY2	Dr Ferenc Renyi-Vamos
	ICR	Ms Maria Sol Degese	India	APC	Dr Md Tauheed Ahmad
	ICR	Dr Victoria Teresa Fabris		ICR	Mr Sigamani Ashokkumar
	ICR	Dr Maria Eugenia Groba		ICR	Dr Mallika Balakrishnan
	ICR	Mr Guillermo Daniel Peluffo		ICR	Ms Aruna Chiwate
	ICR	Ms Victoria Wargon		ICRR	Dr Rajesh Dikshit
Australia	YY1	Dr Sarah J. Durkin		ICR	Dr Lekha Dinesh Kumar
	ICR	Dr Julia Kate Pagan		ICR	Dr Fahim Hyder Goliwale
	ICR	Dr Eddy Pasquier		ICR	Dr Natanasabapathi Gopishankar
	YY1	Dr Raman Kumar Sharma		ICR	Dr Arti Gulati
Bosnia and Herzegovina	ACS	Dr Semir Vranic		ICR	Dr Subramania Iyer
Brazil	ICR	Dr Marciano Anghinoni		ICR	Dr Ganesh Kadirampatti Mani
	ICR	Ms Edaise Maria Silva		ICR	Dr Devan Krishnamurthy
Cameroon	ICR	Dr Blaise Nkegoum		ICRR	Dr Hanumanthappa Krishnamurthy
Canada	YY1	Dr Claire Infante-Rivard		ICR	Mr Nathan Krishnamurthy
Chile	ICR	Dr Patricio Gonzalez-Hormazabal		ICR	Dr Samba Sivaiah Kuraparthi
China	ICR	Dr Junping Cheng		ICR	Dr Divya Mehrotra
	ICRR	Dr Cindy L K Lam		ICR	Dr Velu Nair
	YY1	Dr Hongbing Shen		ICR	Dr Umanath Nayak
	ACS	Dr Wen-Ling Wang		ICR	Dr Ajit Pai
Cuba	ICR	Mr Frank Aguirre Rodriguez		ICR	Dr Amita Pandey Mishra
	ICR	Dr Arlhee Diaz Miqueli		ICR	Dr Mandip Chandravadan Shah
	ICR	Dr Leticia Maria Fernandez Garrote		ICR	Mr Senthilkumar Shanmugam
	ICR	Mrs Gladys Jimenez Rivero		ICR	Dr Sanjiv Sharma
	ICR	Dr Ibis Mercedes Menendez Alejo		ICR	Dr Shantanu Sharma
	ICRR	Dr Rosa María Ortiz		ICR	Dr Frenny J. Sheth
	ICR	Dr Maytee Robaina García		ICR	Dr Baljinder Singh
	ICR	Ms Carmen Elena Viada Gonzalez		APC	Ms Shailja Singh
Cyprus	ICRR	Dr Charitini Komodiki		ICR	Dr Sushil Kumar Singh
Czech Republic	ICR	Ms Hana Hájková		APC	Mrs Rama Sivaram
	ICR	Dr Elena Tulupova		ICR	Dr Balasubramanian Srinivasan
Egypt	ICR	Dr Mostafa Aly Hamed Ahmed El Naggar		ICR	Dr Nirav Pravinkumar Trivedi
	ICR	Mr Ahmed Musaad Abd El-Fattah Elsayed	Indonesia	APC	Mr Mugi Wahidin
			Iran	ICR	Dr Mahdi Aghili
				ICR	Dr Armaghan Fard-Esfahani



Country	Scheme	Country	Scheme
Iraq	ICR Dr Akbar Fazeltabar Malekshah	Serbia and Montenegro	ICR Dr Aleksandar Celebic
	ICR Ms Pardis Ghafarian		ICR Dr Milan Markicevic
	ICR Dr Lehadh Al-Azzawi	Slovakia	ACS Dr Michal Mego
YY2 Dr Tamar Safra	ICR Dr Enikö Tolvajová		
Israel	YY2 Dr Rodrigo Bermejo Moreno	Slovenia	ICR Dr Margareta Strojan Flezar
	ICR Ms Morena D'Avenia		South Africa
Italy	YY2 Dr Sonia Emanuele	Spain	ICR Dr Liana van der Westhuizen
	ICR Dr Domenico Grieco		YY1 Dr Mireia Diaz-Sanchis
	ICR Dr Enrico Grosso	Switzerland	ICR Dr Nina Hurwitz
	CNTW Dr Ahmad Abdullah Al Khateib		Tanzania
	Jordan	ICR Dr Iyad Anabtawi	Turkey
ICR Dr Bilal Baker		ICR Dr Ismail Okan	
ICR Dr Hani El-Khatib		UK	YY2 Dr Imtiaz Ali Khan
ICR Dr Maher Elayyan			Ukraine
CNTW Mr David Makumi Kinyanjui		ICR Dr Nataliya Vytrva	
Kenya	ICR Ms Emily Rogena	USA	ICR Dr Alexandros Georgakilas
	ICR Dr Mustafa Elburjo		YY1 Dr Mylin Ann Torres
Libya	ICR Dr Sok Ching Cheong		Uruguay
	ICR Dr Myo Kyi Tha	ICR Mr Rafael Alonso Barbeito	
Malaysia	ICR Dr Rajeev Karn	Vietnam	ICR Dr Thuy Tran Le
	ICR Mr Jan B. A. G. Haanen		
Nepal	ICR Dr Judith Rosina Van Beijnum		
	ICRR Dr Fatimah Biade Abdulkareem		
	ICR Dr Emmanuel Kunle Abudu		
	CNTW Dr Clement Adebayo Adebamowo		
	ICR Dr Chioma Asuzu		
Netherlands	ICR Ms Chibuzor Grace Nkwodimmah		
	ICRR Dr Olayinka Babafemi Olaniyan		
	ICRR Dr Jesse Abiodun Otegbayo		
	ICR Dr Farhana Badar		
	ICR Ms Uzma Nadeem Majeed		
Nigeria	CNTW Prof Eden E. Cacanindin		
	ICR Dr Andrey Viktorovich Bychkov		
Pakistan	ICR Ms Natalya Feofanova		
	ICR Dr Elvira Grigorieva		
Philippines	ICR Dr Ekatherina Kuligina		
	ICR Dr Kirill Vladimirovich Solovyov		
Russia	ICR Dr E. N. Suspitsin		

ACS American Cancer Society international fellowship for beginning investigators
APC Asia-Pacific cancer society training grant
CNTW Cancer nurses training workshop
ICR International cancer technology transfer fellowship
ICRR ICRETT training workshop
YY Yamagiwa-Yoshida Memorial international cancer study grant

Financial report 2008

Report of the treasurer



Dr Harri Vertio
Treasurer and chair of the finance committee

The International Union against Cancer (UICC) records its income and expenditure in two distinct accounts. Unrestricted funds relate primarily to the operations of the UICC secretariat and are accounted in Swiss francs. Restricted funds are designated for specific UICC programmes

and are expressed in US dollars. For reporting purposes, the two sets of accounts are consolidated into one combined financial statement expressed in US dollars.

The 2008 financial statements were audited by PricewaterhouseCoopers SA, who are satisfied that the accounting records comply with Swiss law and the UICC's statutes and bye-laws and recommend that the financial statements be approved (see page 42).

Financial environment

The financial market crisis during 2008 required careful financial management. In line with UICC policies, assets were conservatively invested, primarily in high-quality bank deposits, thus avoiding investment losses. The decline of the US dollar also had implications for the budget, since most revenue is in US dollars, while operating costs are largely linked to the Swiss franc. UICC investments continued to be diversi-

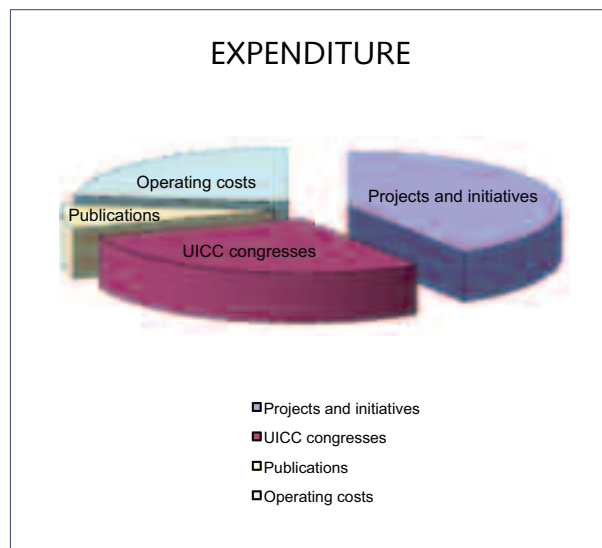
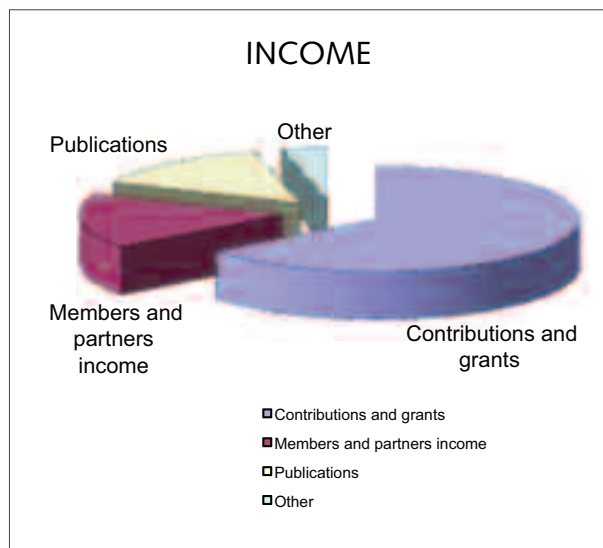
fied across several major currencies, reflecting our different expenditure requirements.

The finance committee meets regularly to ensure, together with the treasurer, that UICC finances are used effectively and managed appropriately. The board of directors, finance committee and management continue to monitor global economic developments carefully and will make budgetary adjustments as necessary.

Income

Total unrestricted and restricted income in 2008 amounted to US\$9,443,896, compared with US\$8,356,567 in 2007.

Unrestricted income, which mainly covers the operations of the UICC secretariat, amounted to US\$2,348,215. Member organization dues and contributions of US\$1,017,392 remained the single most important source of unrestricted income, representing 43% of





Tax status

unrestricted revenue. During the reporting year, 47 organizations joined the UICC and 5 organizations terminated their membership. At the end of 2008, membership stood at 330 organizations across 103 countries.

The UICC was supported by 9 corporate partners with unrestricted contributions totalling US\$420,508. Publications income amounted to US\$770,382 and derives primarily from royalties received from John Wiley and Sons, the publisher of the UICC's *International Journal of Cancer*.

Restricted income, which is designated for specific programmes and activities, amounted to US\$7,095,680. This represented a significant increase in income from the previous year, due primarily to receipts for the World Cancer Congress 2008. We highlight the contributions by member organizations to the capacity-building fund (US\$146,888), solidarity fund (US\$77,665), and voluntary support for designated programmes (US\$133,753).

Expenditure

Total unrestricted and restricted expenditure in 2008 amounted to US\$9,556,087, compared with US\$6,651,852 in 2007.

Unrestricted expenditure related to UICC operating costs, at US\$2,329,022, remained stable from the previous year. Operating costs were in line with budget forecasts. The unrestricted accounts showed a balanced result, with a small net surplus of US\$19,193.

Restricted expenditure for activities and projects amounted to US\$7,227,065, compared with US\$4,342,560 in 2007. As with restricted income, this increase was primarily due to the World Cancer Congress 2008. All expenditure on the different projects was fully secured. The World Cancer Congress also had a satisfactory financial outcome and all its expenditure was fully covered.

Since the restricted funds are accounted for on a cash basis, there can be significant differences in a given year between funds received for designated projects and funds disbursed. Some programmes carried cash balances forward from 2007 that contributed to covering expenditure incurred during 2008.

Fund balances and reserves

The UICC remains in a solid financial position. Unrestricted reserves remain stable. After an allocation of US\$50,000 from the free fund balances to the statutory reserves, the free fund balances amounted to US\$1,099,769 and the statutory reserves to US\$350,000 at year end.

We thank all UICC member organizations for their loyal support. It is essential for the UICC to continue to receive generous financial support from its members, in excess of the statutory annual dues, to ensure a stable organizational future and carry forward its flagship activities.

We also take this opportunity to express our gratitude to all our donors and supporters (see page 44), without whom the UICC could not carry out its work.

The International Union Against Cancer (UICC) is an international, non-governmental organization governed in accordance with articles 60 to 79 of the Swiss civil code. Its objective is to advance scientific and medical knowledge in research, diagnosis, therapy, and prevention of cancer and to promote all other aspects of the campaign against cancer throughout the world. Its headquarters are in Geneva, Switzerland.

As a non-profit organization devoted to the public interest, the UICC has been exempted from income tax by the Swiss tax authorities. The UICC's annual budget is supported by membership dues, royalties from publications, and restricted and unrestricted grants and donations from cancer societies, foundations, government agencies, corporations and individuals.

The UICC is governed by its member organizations, which meet every two years in a general assembly, held in conjunction with the World Cancer Congress. Between assemblies, the UICC is governed by a board of directors elected by the general assembly, which is responsible for programme structure and implementation.

To support our work, visit the UICC website (www.uicc.org).



Report on other legal requirements

We confirm that we meet the legal requirements on licensing according to the Auditor Oversight Act (AON) and independence (article 68b paragraph 3 CO in connection with article 77b CO) and that there are no circumstances incompatible with our independence.

In accordance with article 69b paragraph 3 CO in connection with article 720a paragraph 1 item 3 CO and Swiss Auditing Standard 800, we confirm that an internal control system exists which has been designed for the preparation of financial statements according to the instructions of the Board of Directors.

We recommend that the financial statements submitted to you be approved.

PricewaterhouseCoopers SA

Andreas Tüschli
Audit expert
Auditor in charge

David Nardinand
Audit expert

Geneva, April 23, 2009

Endorsement

Financial statements (balance sheet, statement of surplus, revenues and expenses and changes in fund balances, statement of functional expenses and notes)



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Report of the statutory auditor to the Board of Directors of the International Union Against Cancer Geneva

Report of the statutory auditor on the financial statements

As statutory auditor, we have audited the accompanying financial statements of the International Union Against Cancer, which comprise the balance sheet, statement of surplus, revenues and expenses and changes in fund balances, statement of functional expenses and notes, for the year ended December 31, 2008.

Board of Directors' Responsibility

The Board of Directors is responsible for the preparation of the financial statements in accordance with the requirements of Swiss law and the association's articles of incorporation. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Board of Directors is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements for the year ended December 31, 2008 comply with Swiss law and the association's constitution and bylaws.



Balance sheet at 31 December in US Dollars

	2008	2007
ASSETS		
Current accounts	323,753	661,078
Time deposits	5,510,520	4,131,543
Membership dues, net	2,506	12,511
Related parties	21,767	42,023
Other receivable	94,072	200,353
Prepaid expenses	80,382	10,159
Total current assets	6,033,000	5,057,667
Financial investments	-	750,000
Fixed assets, net	68,717	59,216
Total non current assets	68,717	809,216
TOTAL	6,101,717	5,866,883
LIABILITIES		
	2008	2007
Accounts payable & accrued expenses	389,711	307,651
Reserve for restricted currencies	15,666	16,293
Other liabilities	39,148	17,915
Total current liabilities	444,525	341,859
Trust Funds - restricted	3,661,223	3,792,608
Fund balance - unrestricted	1,099,769	1,130,575
Statutory reserve - unrestricted	350,000	300,000
Translation difference	546,200	301,841
Total fund balances	5,657,192	5,223,183
TOTAL	6,101,717	5,565,042

The figures presented on this page are a summary of the UICC financial statements. A complete set of the audited financial statements for 2008, including accompanying notes, may be obtained on request from the secretariat in Geneva.

Income and expenditure in US Dollars

	2008			2007		
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
INCOME						
Contributions and grants	(272,656)	(6,078,817)	(6,102,375)	(272,656)	(4,948,668)	(5,221,324)
Members dues and contributions	(1,017,392)	(144,515)	(1,161,906)	(900,080)	(132,007)	(1,032,088)
Corporate partnerships	(420,508)		(420,508)	(335,856)		(335,856)
Publications	(770,382)	(652,886)	(1,423,269)	(770,784)	(650,878)	(1,421,662)
Others	(116,376)	(219,462)	(335,838)	(142,115)	(203,522)	(345,638)
TOTAL INCOME	(2,348,215)	(7,095,680)	(9,443,491)	(2,421,491)	(5,935,076)	(8,356,567)
EXPENDITURE						
Projects and initiatives	97,575	3,802,366	3,899,941	211,970	3,265,451	3,477,421
UICC congresses	0	2,747,512	2,747,512	0	329,619	329,619
Publications	3,728	677,187	680,915	10,060	747,490	757,550
Operating costs	2,227,720	0	2,227,720	2,087,263	0	2,087,263
TOTAL EXPENDITURE	2,329,022	7,227,065	9,556,087	2,309,292	4,342,560	6,651,852
Income (over) under expenditure	(19,193)	(131,384)	(112,191)	(112,199)	(1,592,516)	(1,704,715)
FUND BALANCES, beginning of year	(1,130,575)	(3,792,607)	(4,923,182)	(1,068,377)	(2,200,091)	(3,268,468)
Allocation to Statutory Reserve	50,000	0	50,000	50,000		50,000
FUND BALANCES, end of year	(1,099,769)	(3,661,223)	(4,760,991)	(1,130,575)	(3,792,607)	(4,923,182)

Contributors 2008

US dollars

Pfizer Global Health Partnerships, USA and Europe	535,000
National Cancer Institute, USA	515,000
Centres for Disease Control & Prevention, USA	403,762
MDS, Canada	281,462
Japan national committee for the UICC	220,000
John Wiley & Sons, USA	200,000
Sanofi-aventis, France	123,122
QUIT, UK	115,328
Cancer Research UK	112,839
American Cancer Society	99,666
Novartis, Switzerland	116,500
Tonic Life Communications, UK	53,855
Ligue nationale contre le cancer, France	51,944
PPD, USA	51,800
Swedish Cancer Society	50,295
GlaxoSmithKline, UK	79,612
Bristol-Myers Squibb, USA	39,511
Eli Lilly, USA	32,157
Oncology Nursing Society and ONS Foundation, USA	35,000
QIAGEN, Germany	31,386
Dutch Cancer Society	31,175
Swiss Cancer League	30,000
Deutsche Krebshilfe, Germany	30,000
Cancer Council Australia	30,000
American Society of Clinical Oncology	30,000
Merck, USA	29,612
Loterie romande, Switzerland	29,126
Canadian Cancer Society	28,000
Institut national du cancer, France	27,393
Associazione Italiana per la Ricerca sul Cancro, Italy	18,000
Heng Rui Pharmaceuticals, China	17,000
Tianjin Medical University, China	15,000
Danish Cancer Society	11,000
Global Dialogue for Effective Stop Smoking Campaigns	9,709
Israel Cancer Association	7,000
PharmaNet, USA	5,000
World Cancer Congress 2008	
European School of Oncology	288,192
Federal Office of Public Health, Switzerland	194,175
Other congress contributions and income	2,256,477
Contributions to cancer capacity-building fund	146,888
Contributions to solidarity fund	77,665
Sundry contributions	3,783
Royalties	
International Journal of Cancer	754,528
Other publications	15,855

Corporate partners 2008



Bristol-Myers Squibb



Answers That Matter.
Eli Lilly



GlaxoSmithKline Oncology



Heng Rui Pharmaceuticals



MDS



Merck



Novartis Oncology



QIAGEN



John Wiley & Sons

Corporate partners make an annual unrestricted contribution in support of the UICC. Corporate partnership is open to leaders of the medical supply and technology, pharmaceutical, biotechnology and health publishing industries and other private sector companies.



Connecting, mobilizing, supporting Annual Report 2008

The UICC is the leading international non-governmental organization dedicated exclusively to the global control of cancer. Its mission is to connect, mobilize and support organizations, leading experts, key stakeholders and volunteers in a dynamic community working together to eliminate cancer as a life-threatening disease for future generations.

*resource for action
voice for change*

INTERNATIONAL UNION AGAINST CANCER
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