

UICC Annual Review



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Table of contents

UICC Leadership 2003	2
Donors 2003	2
Joint message from the President and the Executive Director	4
Industry Advisory Council	5
Introduction	6
Prevention and Early Detection	7
Tobacco Control	10
Knowledge Transfer	13
Capacity Building	16
New Horizons	20
Global Activities	22
UICC Roll of Honour	24
UICC Task Forces	25
UICC Volunteer Committees	27
Fellows 2003	28
Financials	29
UICC Staff	31

Vision

UICC's vision is of a world where cancer is eliminated as a major life-threatening disease for future generations.

Mission

UICC's mission is to build and lead the global cancer control community engaged in sharing and exchanging cancer control knowledge and competence equitably, transferring scientific findings to clinical settings, systematically reducing and eventually eliminating disparities in prevention, early detection, treatment and care of cancers, and delivering the best possible care to all cancer patients.

Joint message from the President and the Executive Director

The opportunity to save lives and to contribute to well-being has never been greater.



*Dr John Seffrin
UICC President*

Cancer is potentially the most preventable and the most curable of major life-threatening diseases today. However, if current trends continue, we will witness a sharp rise in the global cancer burden over the next decades. Despite an unprecedented understanding of cancer, the gap between what is scientifically known and what is practically applied is widening on a global scale. Almost every day the media announces a discovery or breakthrough. But reports often fail to mention the time needed to understand the implications of new findings, assess benefits and risks, translate results into treatments and make these accessible to the many, not just the few.

As the only international non-governmental organization with the singular goal of fighting cancer globally, UICC engages committed cancer organizations throughout the world and together with its members and partners serves as a catalyst for responsible dialogue and collective action, while building communities of professionals. These include cancer and health professionals, educators, survivors, advocates, cancer society staff and



*Isabel Mortara
UICC Executive Director*

volunteers - all working towards a concerted goal - to eliminate cancer as a major life-threatening disease for future generations.

This Annual Review showcases the principal themes and actions driving UICC progress and achievements during 2003 under the four strategic directions defined by UICC member organizations and Council. In doing so, it testifies to the evolution of our role in identifying major issues and building collaborative solutions as we tackle the global cancer burden. Activities focus on training and education, information sharing, campaigning and network-building between organizations and individuals in different resource settings.

In 2003, the adoption of the WHO Framework Convention on Tobacco Control, of which UICC was a vocal and strong proponent, was a historic victory for the cancer and tobacco control community. The world's first global health treaty nonetheless represents just one battle in a long war. The next campaign will involve translating the convention into specific legal provisions while

building and supporting local partnerships to ensure implementation. Through our broad, cross-sector partnerships such as the Global Alliance for Cancer Control, we are striving to ensure that Cancer Control is on the agenda of global leadership groups as well as developmental and governmental agencies, while providing a forum for addressing barriers to progress. Worldwide cancer control will only be effective if it is given priority at the very highest decision-making levels.

Let us not lose sight of the fact that the hopeful side of cancer has never been more hopeful. We take this opportunity to thank UICC members, volunteers, partners, staff and our champions whose relentless efforts inspire us and without whom we could not achieve all that we do. It is only together through a well organized effort that we will be able to meet the formidable but not insurmountable challenges ahead.



*Dr John Seffrin
UICC President*



*Isabel Mortara
UICC Executive Director*

Industry Advisory Council

UICC is grateful to the corporate members who through the Industry Advisory Council have supported the four strategic directions of Prevention and Early Detection, Tobacco Control, Knowledge Transfer and Capacity Building via unrestricted grants. Many of the activities described in the annual review would not have happened without their support.

Particular thanks to Industry Advisory Council 2003 members.



Novartis Oncology



Bristol-Myers Squibb



John Wiley & Sons



Mundipharma



Pfizer



Purdue Pharma



Aventis*

The UICC Industry Advisory Council is open to leaders of the medical supply and technology, pharmaceutical, health publishing industries, as well as other leading private sector companies.

* Now Group Sanofi Aventis



Introduction

At UICC, our vision is of a world where cancer is eliminated as a major life-threatening disease for future generations. At present, one third of all cancer cases are preventable, a further third curable (given early diagnosis and effective treatment), while the final third can benefit greatly from palliative care. Our challenge is to – gradually and painstakingly – translate these facts into reality.

Since 2002, all UICC programmes and activities have been developed under four strategic directions: Prevention and Early Detection; Tobacco Control; Knowledge Transfer; and Capacity Building.

Within this framework, UICC's work is focused on a number of core activities. The first is creating information resources within our own organisation, helping members and other groups create their own resources, and developing supports for information storage, analysis, access and dissemination. This Annual Review provides an overview of the wide range of information resources developed or administered by UICC, including the International Journal of Cancer, publications such as *TNM Classification*, the *Manual of Clinical Oncology*, newsletters and websites, and the forthcoming publication *Evidence-based Cancer Prevention: Strategies for NGOs – A UICC Handbook for Europe*.

A second core activity is advocacy and influencing public policy, either directly, through efforts to help our common initiatives find their way into national health strategies or through support for other initiatives, or indirectly, through support, training and grants to campaigners,

notably those now seeking national implementation of the Framework Convention on Tobacco Control.

A third area of focus is educating and training cancer control professionals, through diverse Fellowship schemes, conferences, and training workshops and materials which can be adapted to be locally relevant.

We also place much emphasis on communication and collaboration with and between UICC members and other organisations, agencies and groups working in similar areas, with a view to developing strategic alliances and leveraging resources for common projects. Partners include health-related NGOs like the World Heart Federation, whose aims complement ours in the field of cardiovascular disease prevention, as well as a number of inter-governmental organisations, most notably the World Health Organization and the International Agency for Research on Cancer (IARC), partners in the Alliance for Global Cancer Control.

In addition, GLOBALink serves as a unique communications tool for disseminating information and building dialogue across the globe.

Last but by no means least, we focus on caring. In practice, this means development of networks and support for cancer patients and their families through volunteer programmes like Reach for Recovery International. It also means recognising the financial constraints that limit cancer care in many countries and necessitate the development of basic practical courses for nurses and Fellowships for nurses and educators.

UICC remains at the forefront in raising awareness about models and concepts in cancer care for the benefit of communities worldwide, drawing inspiration from projects such as Hope Lodges, which respond to the needs of cancer patients in treatment far from home and their families, as well as empowering cancer survivors and their families as strong partners in the global fight against cancer.





Prevention and Early Detection

The next decade. In the coming years, scientific breakthroughs will lead to new therapies and preventive interventions. However, it could take decades before new vaccines and drugs will reduce incidence, mortality and suffering from cancer in all countries. Within the next ten years global trends in cancer control could be significantly improved through successful primary prevention and early detection strategies.

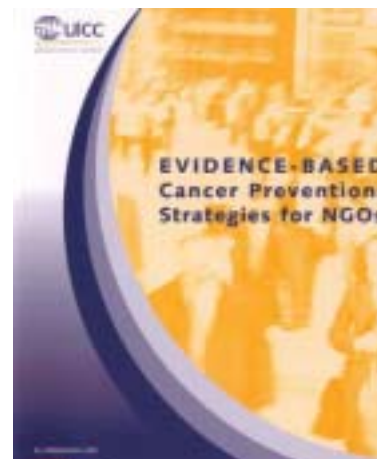
Effective cancer prevention strategies

By applying existing evidence-based knowledge it is possible to prevent at least one-third of the estimated 10 million cancer cases that occur each year throughout the world and, with early detection, to cure at least another 30 percent. Prevention is achieved by eliminating or minimising exposure to the causes of cancer. Early detection can be achieved either by screening or by increasing early diagnosis. This cost-effective long-term approach offers the greatest public health potential.

Evidence-based Cancer Prevention: Strategies for NGOs – A UICC Handbook for Europe

The challenge of reducing the cancer burden today lies in transferring knowledge about appropriate lifestyle choices into behavioural and societal changes, by increasing the facilities for early detection and by ensuring effective treatment.

In 2003, a UICC Task Force developed a handbook on cancer prevention strategies specifically for the use of European non-governmental organisations, which is also of great value to health professionals, health authorities, planners, policy makers and educators. The handbook, developed in partnership with the Swiss League Against Cancer and the French League Against Cancer, will be launched in 2004.



French, Italian and German translations are also being planned in collaboration with the French League Against Cancer, the Italian League Against Cancer with support from donors such as Credit Suisse. Because the pattern of cancer is not the same everywhere, regional versions of the handbook will be developed for other parts of the world, starting with Asia and Latin America in 2005 supported by an American Cancer Society Challenge grant.



Evidence-based Cancer Prevention: Strategies for NGOs – A UICC Handbook for Europe includes information on:

- Europe's cancer burden
- The role of social factors
- The theoretical aspects of behavioural change
- Successful cancer prevention activities
- The effectiveness of prevention on major risk factors
- The benefits/risks of screening programmes
- Recommendations for prevention programmes.

Successful early detection

In developing countries, 80-90 percent of cancer patients already suffer from advanced and incurable cancers at the time of diagnosis. There are two principal components of early detection programmes – education of the population, and training of health care professionals. Both early diagnosis and screening lead to decreased incidence and mortality, but only if access to effective treatment is provided.

UICC recognizes that governments operate with limited resources for competing health priorities. These priorities are often focused on the treatment of disease rather than its prevention. There is an urgent need to support evidence-based and cost-effective interventions in the areas of prevention and early detection.

Cervical cancer

In many low-income countries, cervical cancer is the most common cancer and a leading cause of death among women. Globally, there are more than 470,000 new cases of cervical cancer per year, with almost 80-90 percent of them occurring in women who live in low-income countries, many of whom are not even diagnosed. A successful screening programme can greatly reduce the incidence and mortality from cervical cancer.

Early detection of cervical cancer in Latin America

A series of cytology-based demonstration projects have been coordinated by UICC in collaboration with members in El Salvador, Guatemala, Honduras and the Dominican Republic. The projects, focusing on rural or urban underprivileged populations, had to overcome many obstacles including cultural taboos and machismo, poor relationships with local authorities and language barriers. However, women were informed through activities such as door-to-door visits by health workers, neighborhood talks by local leaders and hospital counseling.

It is noteworthy that in 2002 El Salvador's Health Ministry set up a national cervical cancer control plan.

This five-year project, which came to an end in 2003, was supported by the Norwegian Cancer Society. A follow-up meeting, scheduled to take place in Dublin, Ireland, in conjunction with the UICC World Conference for Cancer Organizations (November 2004), will share the final results of the project and discuss the transition from UICC-sponsorship to a post-UICC environment.

In 2002 and 2003 pilot projects for early detection of cervical cancer were launched in Cambodia, supported by the UICC Francophone Committee and the French League Against Cancer. Plans are underway to extend pilot projects to other countries, including Cameroon and Tunisia.



These women from San Juan Sacatepéquez (Guatemala) were screened and treated by the Guatemalan League against Cancer within the UICC cervical cancer pilot project.



Country profiles

During 2003 UICC has supported the development of a database on comprehensive country profiles which can be used to prioritise resource allocation based on needs assessment. This bank of information will make UICC well-placed to offer more adequate policy advice on where and how to invest in cancer control, based on the capacity of countries to provide essential follow-up services.

Cancer Registration: In 2003 the Honduran Ministry of Health adopted the cancer registry of the Honduran League Against Cancer (Tegucigalpa) as the reference population-based registry for the entire country. This registry was developed as a collaborative project with UICC, the Norwegian Cancer Society and the Maes Heller Cancer Institute as a demonstration project.

AbstractPlus: A Spanish version of a CDC hospital-based cancer registration software has been developed and is currently being pilot-tested with a view to facilitating the collection, editing and reporting of data in Spanish-speaking countries. This software will soon be available at no charge on-line. With minimal training, registrars will be able to register and report data in a uniform way enabling analysis and comparison of data and trends in different regions. This project is the result of a collaborative effort between UICC, US Centres for Disease Control and Prevention (CDC) and the International Agency for Research on Cancer (IARC) which will ensure full software compatibility with CanReg, the population-based software of IARC.

Training: An online database of training opportunities around the world in epidemiology, cancer registration and strategic analysis is currently being compiled with a view to promoting these opportunities in countries in need and to funding fellowships to enable participation from middle and low income countries.

In 2003, through dedicated grants, UICC assisted registrars, epidemiologists and data managers to attend specialized meetings. One example was the GRELL workshop (Groupe des Registres de Langue Latine) in Cuba in May, 2003, where attendees were exposed to registration techniques and concepts in epidemiology and became part of a network for further communication.

UICC Tobacco Farming Diversification Project UICC-backed tobacco prevention project targets profitable alternative crops

A pilot project, managed by the Francophone Committee under the auspices of UICC, has succeeded in replacing tobacco with alternative agricultural products in six test farms, and proving that they can be viable.



The project is being undertaken in partnership with the French and Tunisian Leagues Against Cancer, with the former providing funding and project expertise and the latter agricultural know-how, follow-up activities, and quality and cost checks after each new site installation. For its part, the UICC Tobacco Farm Conversion Project team visits sites on a

regular basis to monitor project status and evaluate the longer-term effects on the local economy and environment.

The project's mid-term goal is to convert four tobacco-producing farms in the north-west region of Tunisia to alternative – but equally or more profitable – forms of agriculture. Long-term, the hope is that all 3,640 hectares under tobacco cultivation will be converted to other types of farming with a view to eliminating tobacco production from Tunisia's agricultural sector.

Pilot projects in Africa



A poster developed from a children's drawing contest has become a new health education tool in Africa. Slated for distribution to schools across the continent, the poster was created in 2003 as part of a UICC partnership with the French League Against Cancer, which is actively developing prevention programmes and health education initiatives for francophone Africa.



Tobacco Control

Winning the global battle against tobacco. Throughout the second half of the 20th century it has been clear that cigarette smoking and tobacco use cause cancer. They increase the risk of cancer of the bladder, cervix, colon, kidney, larynx, lung, oral cavity, oesophagus, pancreas, rectum and stomach.

Each year tobacco causes more than 4.9 million premature deaths worldwide – 1 million in China, 800,000 in India, 420,000 in the USA, 400,000 in Central & Eastern Europe, and 120,000 in Sub-Saharan Africa. If current trends persist, in two or three decades the global death toll is expected to double to 10 million deaths a year.

This expected increase could be forestalled if people would stop tobacco use. A comprehensive approach is needed to deter people from taking up the habit, to support existing smokers to give up smoking, to reduce harm for those who do not quit, and to protect non-smokers from exposure to tobacco smoke.

UICC's principal tools in the fight against tobacco use are advocacy, information, training and collaborative partnerships. A significant advance occurred in May 2003 with the adoption by the 192 members of the World Health Organization (WHO) of the historic Framework Convention on Tobacco Control (FCTC). UICC and its member organisations, in partnership with the Framework Convention Alliance, played an instrumental role in moving this process forward, helping NGO

representatives take part in negotiations within the UICC delegation, and – through our online tobacco-control network, GLOBALink – providing a vital information and communications channel for activists and tobacco control professionals throughout the world.



Yussuf Saloojee, UICC Strategic Leader for Tobacco Control, with Emily Bleimund of ACS and an FCTC conference delegate in Geneva.

The FCTC has to date been signed by 168 WHO member states and ratified by 31. The treaty will become international law after 40 countries have ratified it. The Convention, a first in the field of public health, provides UICC with the impetus to now take the process a step further, in concert with its members and partners.

UICC will provide support for the critical phase of national implementation, administering grants for the implementation of the FCTC in low-income countries.

The FCTC represents a huge opportunity for change and for the development of the kind of grass-roots activity that will catalyse change and serve as an effective national lobby for governments to ratify, accede to and implement the treaty. As part of our ongoing efforts to tackle the growing global cancer burden, tobacco control should be a top priority for governments and communities worldwide. UICC's new GLOBALink Tobacco Control Petitions service, launched early 2003, which already boasts over 13,000 signatures, facilitates this process.



FCTC measures

Measures for reducing the demand for tobacco:

- Price and tax measures
- Protection from exposure to environmental tobacco smoke
- Regulation and disclosure of contents of tobacco products
- Packaging and labelling (bigger health warnings, bans on misleading labels like 'light' and 'mild')
- Education, communication, training and public awareness
- Comprehensive bans and restrictions on tobacco advertising, promotion and sponsorship
- Tobacco dependence and cessation measures

Measures for reducing the supply of tobacco:

- Elimination of the illicit trade of tobacco products
- Restriction of sales to and by minors
- Support for economically viable alternatives for growers

"This treaty will be as important in reducing deaths from tobacco use as the sanitary laws of the 19th century were in controlling cholera and infectious disease; however, the greatest challenges now lie before us. The treaty will only be effective if it is quickly ratified and implemented by the nations of the world. UICC and its 280 member organizations are working tirelessly toward that goal."

*Dr Yussuf Saloojee,
UICC Strategic Leader
for Tobacco Control*

A worldwide network, dedicated to change GLOBALink hailed as vital tool in the battle against tobacco

UICC's GLOBALink crowned 10 years of solid achievement as the winner of the Luther L. Terry Award for "Outstanding Organization" at the 2003 World Conference for Tobacco or Health. Presenting the award, American Cancer Society National Board Chairman David Zacks commended the network's "unique ability to mobilise diverse groups of

GLOBALink also serves local, regional and other specialised tobacco control groups. Developed and administered by UICC staff in Geneva, GLOBALink offers a daily news service and LOCALink web hosting services, exploiting its extensive global network to help publicise local tobacco control seminars and workshops. In addition to English, LOCALink networks already exist in Arabic, Czech, French, Italian, Portuguese, Romanian, Russian, Spanish, and Swedish, with priority now being given to further expanding the number of languages on offer.



David Zacks (left) and Mary Simmonds (far right) with Isabel Mortara and Ruben Israel before the presentation of the Luther L. Terry Award.

advocates" which had been instrumental, he said, "in rallying support for the passing of the WHO Framework Convention on Tobacco Control."

GLOBALink is an online community uniting advocates, policy makers, researchers, educators, doctors, economists, and lawyers in the international tobacco control movement. Since 1993, it has provided a forum for experts and laypersons alike, who can freely subscribe to numerous subject lists, exchange e-mails, and read daily compilations of news plus contributions and messages from other list members.

A benchmark of GLOBALink's success is the astonishing growth in membership, which has seen sustained increases of around 10 percent every six months.

In the post-FCTC period GLOBALink will also increasingly focus on implementation. As more and more states begin to draft and enact tobacco control legislation, GLOBALink will have an important role in sharing best practice, to avoid creating loopholes in the law, which the industry can exploit to by-pass legislation.

Funding tobacco control and training – a collaborative ACS, Cancer Research UK and UICC activity

The resources available to people campaigning for tobacco control are only a tiny fraction of those devoted to tobacco promotion. Faced with a decline in smoking rates in wealthier countries, the tobacco industry is increasingly targeting the developing world. To counter this, UICC is working to assign the limited funds available to areas where the greatest multiplier effects can be achieved.

In 2003, tobacco control advocates in Africa, Asia, Central and Eastern Europe, and South America were given a first wave of 13 FCTC implementation grants, with a total value of US\$115,000. Each grant supported the work of key campaigners in developing economies.

UICC and its partners, Cancer Research UK and the American Cancer Society (ACS), announced grants during the 12th World Conference on Tobacco or Health in August 2003. Speaking at that event, Dr John R. Seffrin, UICC President and ACS CEO, said: "The individuals and organisations who are the first recipients of these awards are on the front line of global tobacco control and, if this support enables them to promote the ratification, implementation and enforcement of the FCTC in their countries, the whole world – all of us – will benefit."

In addition, a further series of 16 one-year Tobacco Control Seed Grants (TCSG) worth US\$9,000 each were awarded to tobacco control advocates in middle or lower-income countries. These grants, sponsored by ACS, will help cover the costs for new tobacco control initiatives that develop community or country coalitions and alliances.



The 12th World Conference on Tobacco or Health: Global Action for a Tobacco Free Future, held in Helsinki, Finland from 3-8 August 2003, was another high point for the tobacco control community, with country representatives and a UICC delegation participating. GLOBALink also hosted a cyber café which was a popular feature of the conference.

Also in 2003 GLOBALink released a series of online radio interviews on World No Tobacco Day which were picked up by the international media.

Also in 2003 a series of advocacy workshops were held in collaboration with ACS and a series of four *Tobacco Control Strategy Planning Guides* were issued. Addressing specific challenges in tobacco control advocacy, each guide is designed to help advocates overcome barriers to effective tobacco control policies.





Knowledge Transfer

Bridging the gap. As the huge global disparity between scientific knowledge and practical application increases, so the gap is also widening between different communities' access to cancer information, prevention and screening worldwide. Through its efforts in the field of Knowledge Transfer, UICC is actively seeking to reverse these trends.

The last twelve months have seen the revision and updating of many classic UICC publications, the organisation of a series of important UICC conferences, seminars and workshops, and a new intake of UICC research Fellows. Through activities such as these, UICC is pursuing the vital goal of sharing and transferring knowledge and expertise.

UICC Fellowship programmes: networks of knowledge

A commitment to effective information exchange

UICC offers a variety of Fellowship programmes ranging from one month to one year or more, along with specialised short "reverse"

International Cancer Technology Transfer Fellowships.

These programmes are part of UICC's ongoing commitment to encourage knowledge exchange, increase carer expertise, ensure clinicians are trained in the latest technologies, and build capacity among health professionals, activists and volunteers dedicated to cancer prevention.

UICC Fellowships are much more than a vehicle for individual professional development. They create a multiplier effect, with Fellows transmitting the knowledge and expertise they gain from their host organizations to colleagues and institutions in their own countries. In the same way, host organisations benefit from Fellows' unique knowledge, experience and information on conditions in their own countries.

Current UICC Fellowships Translational Cancer Research Fellowships (TCRF)

Duration: twelve months

Target group: experienced scientists and clinicians

Aim: to accelerate clinical or population application of new ideas, drugs and treatments, vaccines and other effective strategies for prevention or intervention.



Sponsors: Aventis (2003), AstraZeneca (2003), National Cancer Institute (USA), Novartis (Switzerland)

American Cancer Society International Fellowships for Beginning Investigators (ACSBI)

Duration: twelve months

Target group: investigators and clinicians in the early stages of their career

Aim: to assist academic career development in various aspects of cancer research (applied, clinical and pre-clinical, basic, health policy, patient care, etc).

Sponsor: American Cancer Society

Yamagawa-Yoshida Memorial International Cancer Study Grants (YY)

Duration: three months

Target group: qualified and experienced cancer investigators
Aim: to set up or carry out bilateral research projects using complementary skills and materials.

Sponsors: Japan National Committee for UICC, Kyowa Hakko Kogyo Co. Ltd., Toray Industries Inc.

International Cancer Research Technology Transfer Fellowships (ICRETT)

Duration: one month

Target group: qualified cancer professionals, generally in the early stages of their careers

Aim: rapid acquisition of specific skills in cancer research or treatment, diagnosis and prevention.

“Reverse” ICRETT

Duration: one week to one month

Target group: groups of up to 30 qualified professionals in cancer institutes, clinics or hospitals in low or middle-income countries

Aim: to conduct teaching and training courses.

ICRETT and “Reverse” Sponsors:

Association of UICC Fellows, American Society of Clinical Oncology (ASCO), The Cancer Council Australia, Cancer Research UK, Danish Cancer Society, Dr Mildred Scheel Foundation/Deutsche Krebshilfe (Germany), Dutch Cancer Society, Finnish Cancer Society, French National League Against Cancer, Israel Cancer Association, Italian Association for Cancer Research, National Cancer Institute of Canada/Canadian Cancer Society, National Cancer Institute (USA), Swedish Cancer Society



Katrina Horvathova, Cancer Research Institute, Bratislava, Slovak Republic, was an ICRETT Fellow 2003 at the Clinical Institute of Medical and Chemical Laboratory Diagnostics, University of Vienna, Austria.

International Oncology Nursing Fellowships (IONF)

Duration: one month

Target group: qualified registered nurses or nurse educators in low or middle-income countries

Aim: to facilitate observerships on aspects of cancer education, patient counselling, palliative care and similar at renowned comprehensive cancer centres abroad.

Sponsors: Association of UICC Fellows, ONS Foundation, Oncology Education Services, Oncology Nursing Certification Corporation, Oncology Nursing Society (USA)



Ms G. Humagai, IONF Fellowship 2003, with colleagues.

Asia-Pacific Cancer Society Training Grants (APCASOT)

Duration: one week

Target group: staff or accredited volunteers from voluntary cancer societies in the Asia-Pacific region

Aim: to develop cancer control capacity in the Asia-Pacific region.

Sponsors: William Rudder Memorial Fund (Australia)

In 2003, UICC allocated a total of 131 Fellowships:

- 3 TCRF
- 7 ACSBI
- 14 YY
- 91 ICRETT
- 2 Reverse ICRETTs
- 10 IONF
- 4 APCASOT

Outstanding scientist contributes to prostate cancer research

In 2003, Dr Daniel Wreschner, a researcher at the Department of Cell Research and Immunology at the University of Tel-Aviv, Israel, was awarded a UICC Translational Cancer Research Fellowship that took him to the Laboratory of Molecular Biology (Division of Cancer Biology) of the US National Cancer Institute in Bethesda, Maryland.

During a one-year UICC Fellowship, he identified a new gene implicated in prostate cancer. He was called an “outstanding scientist”, by his host supervisor at his Novartis fellowship. The one-year Translational Cancer Research Fellowship was funded by Novartis (Switzerland).

Under the supervision of Dr Ira Pastan, Dr Wreschner made a highly significant contribution to the lab's ongoing Gene Discovery programme, identifying a new family of genes expressed in male reproductive tissues. He also initiated the production of an important new immunotoxin. While Dr Wreschner has now completed his Fellowship, the US and Israeli research institutions are continuing to collaborate on both projects.

The Association of UICC Fellows

Membership of the Association of UICC Fellows jumped sharply from 500 to some 900, thanks to timely changes to the fee structure that now entitles Fellows to lifetime, rather than annually-renewable, membership. Membership is subject to successful completion of a UICC Fellowship.

Nursing and cancer care

UICC continues to develop its new Basic Cancer Nursing Course online resource, a collection of best practices for nursing cancer patients targeted at low-to-middle income countries. Based on the Oncology Nursing Society (ONS) Manual for Oncology Nurses, the course has been revised and adapted by UICC for the developing world, and is scheduled for pilot testing in India, Panama, Poland, Singapore and South Africa during 2004.

In addition, every year UICC awards 10-15 International Oncology Nursing Fellowships (IONF) valued at US\$2,800. The month-long Fellowship courses are open to qualified nurses or nurse educators actively engaged in the care of cancer patients. Courses cover cancer education programmes for prevention and early detection, patient counselling, safe drug handling, palliative care, pain assessment and quality of life issues. UICC awarded 10 IONF Fellowships in 2003.

TNM Classification

New approach to a groundbreaking UICC publication

UICC's renowned TNM Classification, launched over 50 years ago, is the gold standard for classifying the anatomic extent of tumours (staging), allowing medical practitioners anywhere in the world to assess tumours according to standard descriptors, which form the bases of appropriate treatment.

UICC's TNM series, which includes the *TNM Classification, Supplement, Atlas* and *Prognostic Factors in Cancer*, is under continuous review to take into account developments in diagnosis and management. The TNM Core Group of fourteen experts launched an initiative to increase the number of TNM National Committees from 10 to 20. Their Chairs make up the TNM Global Advisory Group that in turn supports the TNM Core Group for future editions of the TNM series of publications.

The TNM publications are available in book format and, since 2003, online. The TNM project is funded by the US Centres for Disease Control and Prevention (CDC - see www.cdc.gov).

TNM Classification ▶ accurate diagnosis ▶ appropriate treatment ▶ survival

Objectives of the TNM Classification

- To aid clinicians with diagnosis and planning treatment
- To give an indication of prognosis
- To assist in evaluating treatment results
- To facilitate information exchange between treatment centres
- To contribute to further investigations of human malignancies



Continuous improvement of TNM

- change of staging criteria
- clinical relevance: assessment, treatment, and outcome
- evidence for improved prognostic ability
- evaluation by site-specific panels of experts and TNM national committees
- acceptance by members of the UICC TNM Core Group

UICC Publishing Partnership

In May, 2003 UICC and its partner, global publisher John Wiley and Sons launched TNM Online, an electronic database providing medical oncologists, radiation therapists, oncology surgeons and other cancer professionals with

one-stop, online access to essential international standards for assessing the diagnosis, treatment and prognosis of cancer patients. Presented as part of Wiley Inter-science (www.interscience.wiley.com), Wiley's internet-based publishing platform, TNM Online combines the full content of several key UICC reference sources. Latest figures show daily hits to the homepage now average around 200.

In hard copy format, the 6th edition of the UICC TNM Classification is now available in French, German, Japanese, Russian, Slovak, and Spanish, with further languages – Chinese, Portuguese, Czech, Georgian, Polish, Romanian, Hungarian, Greek and Arabic – in the pipeline. The 3rd edition of the TNM Supplement appeared in September 2003, and UICC is now in the process of finalising the 8th edition of the Manual of Clinical Oncology.

Global publisher John Wiley and Sons is a longstanding UICC business partner. The company publishes UICC's flagship journal the *International Journal of Cancer*, as well as the *TNM Classification of Malignant Tumours*, the *TNM Supplement*, *TNM Atlas* and *Prognostic Factors in Cancer*. Wiley Inter-science is one of the world's leading providers of online scientific, technical, and medical content.

International Journal of Cancer

UICC's prestigious International Journal of Cancer (Chief Editor Dr H. zur Hausen) remains the world's leading reference for original papers and review articles on experimental and clinical cancer research. Distinguished by its publication of epidemiological studies from around the world, the Journal concentrates on fundamental issues relevant to the understanding and effective treatment of human cancer. A further five volumes appeared in 2003, while the Journal's impact factor, a key indicator of readership and influence, increased to 4.375, up from 4.056 in 2002.



Capacity Building

Reach to Recovery International: supporting the global fight against breast cancer. With a network of 70 groups in 50 countries, Reach to Recovery International (RRI) is a worldwide UICC programme aimed at fostering exchange between national, regional and global Reach to Recovery breast cancer patient support and advocacy groups.

UICC's 12th Reach to Recovery International (RRI) Breast Cancer Support Conference took place in Lisbon, Portugal in May 2003, hosted by Vencer e Viver and the Portuguese Cancer League.

The conference welcomed 340 delegates from 45 countries, and for the first time featured significant representation from Central and Eastern Europe and Africa. An ambitious four-day programme included sessions on communication, information, and advocacy, along with science and treatment, while round table discussions addressed issues including breast cancer in young women and strategies for recruiting and retaining volunteers.

Awards at RRI Lisbon 2003

Teresa Lasser Award

Established by the American Cancer Society, the Teresa Lasser Award recognises outstanding volunteers who introduce, initiate and contribute to the development of Reach to Recovery breast cancer support programmes in their countries. This year's award was presented to Henriette Nesbitt de Almeida Lima, founder of Vencer e Viver in Lisbon.



Reach to Recovery International Group, Portugal.

Reach to Recovery International Medal

Dr Rajendra A. Badwe, Head of the Department of Surgery, Tata Memorial Hospital, Mumbai, India, was the recipient of this year's RRI Medal for encouraging voluntary breast cancer support programmes, particularly V Care and the Mastectomees Association in India.

Regional breast cancer survivor conferences are an important part of Reach to Recovery International, with the 1st Asia-Pacific RRI Breast Cancer Support Conference held in Kuala Lumpur from 8-11 August 2002, attracting participants from breast cancer patient and survivor support groups, as well as breast cancer advocacy groups.



A survivor's story: Gladys Boateng

"Having had a life-changing experience with Reach to Recovery, I am now very eager to share my positive outlook with other breast cancer patients," says Ghanaian survivor Gladys Boateng.



Gladys was diagnosed with breast cancer in 1999. Her first encounter with Reach to Recovery was in hospital in Johannesburg, where she had undergone a total mastectomy of the right breast. Lying in bed, she overheard another patient say that the spread of cancer to one of Gladys' lymph nodes meant her condition was fatal.

"By the time the volunteer from Reach to Recovery South Africa came to visit me, I was feeling very fearful and downcast," says Gladys. "Her visit brought me incredible relief and hope."

A subsequent Reach to Recovery support meeting proved an eye-opener for Gladys, who met other women who had had lymph node tumours yet who were in good health. Back in Ghana, she saw that many women fail to seek medical advice until too late,

because they regard treatment as merely prolonging the suffering of a condition erroneously perceived as a death sentence.

Gladys' story of survival spurred her to contact RRI at UICC in Geneva. She is now training as a Reach to Recovery volunteer, armed with a message of comfort and hope.

Developing national cancer control plans Partnering with WHO to achieve cancer control goals

Well-conceived, well-managed National Cancer Control Programmes (NCCP) lower cancer incidence and improve the quality of life of cancer patients and their families. They also help policy-makers and planners allocate resources in ways that benefit the entire population, with a focus on evidence-based strategies for prevention, early detection, and palliative care.

Few comprehensive NCCPs exist today. Where they do, they are rarely fully implemented, with treatment-oriented approaches accorded preference over primary prevention, early detection and palliative care. As part of its efforts to move cancer onto the global agenda, UICC has joined forces with the World Health Organization to encourage countries to develop and implement effective NCCPs.

In parallel, UICC also launched a project to create an international directory of NCCPs. This directory will provide a much-needed complement to WHO's publication on National Cancer Control Planning, which serves as a tool for enabling countries to carry out self assessment. As a next step, UICC has completed a first draft of a "How To" guide outlining the practical questions health authorities need to consider when undertaking WHO-compliant cancer control planning.

Regional workshops on strategic planning, with a particular emphasis on prevention and early detection, are an important component of this activity, with the 2003 Kuala Lumpur workshop attracting participants from Ministries of Health, Cancer Societies and Cancer Institutes from throughout the region. Participants focused on the development of appropriate strategies for screening for breast and cervical cancer for developing countries in the region and explored approaches to primary prevention of, and education

about, women's cancers which would be applicable across diverse cultural and resource settings. UICC also participated in the Asia Pacific Organisation for Cancer Prevention (APOCP) conference held in Nagoya, Japan, and held a symposium entitled Asian Cancer Prevention – Today and Tomorrow.

Alliance for Global Cancer Control

Two priorities emerged from the deliberations of 60 cancer control leaders at the Chicago meeting of the Alliance for Global Cancer Control, hosted by the American Society of Clinical Oncology (ASCO) and the ACS in June, 2003. The first is the need to firmly establish cancer control on global and economic health agendas; the second, to campaign for broader public awareness of cancer-related issues.

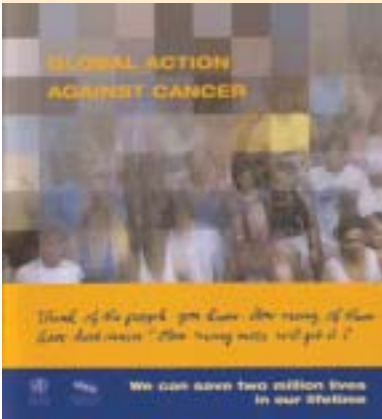
Alliance members also gathered at the August 2003 World Conference on Tobacco or Health in Helsinki, Finland. At this meeting, more than 30 organizations signed a first public statement committing them to accept and share responsibility for the worldwide implementation of the WHO Framework Convention on Tobacco Control.

Launched in 2003, the Alliance for Global Cancer Control is a joint initiative of UICC and the World Health Organization, drawing members from government, NGOs and private industry and from disciplines including medicine, nursing, scientific research, public health, and communications.

Non-communicable disease (NCD), in particular cancer, cardiovascular disease and diabetes, are major causes of death worldwide. UICC is actively developing global and national alliances for the prevention of NCD caused by tobacco, unhealthy nutrition and physical inactivity.

Global Action Against Cancer

With its partner the World Health Organization, UICC co-published *Global Action Against Cancer*, an overview of the worldwide incidence, mortality, and prevalence of cancer for the launch of the Global Alliance Against Cancer. The publication is available free of charge in English in hard copy and online, with an accompanying slide presentation.



Cancer Survivorship UICC and the Lance Armstrong Foundation put spotlight on cancer survivorship

UICC participated in a special press conference in Paris in the wake of Lance Armstrong's fifth consecutive Tour de France win. The aim of the event, hosted by the Lance Armstrong Foundation (LAF – www.laf.org) and the United States President's Cancer Panel (PCP – <http://pcp.cancer.gov>), was to increase cancer awareness, encourage people to talk about cancer, and reduce the stigma surrounding the disease.

Participants included Lance Armstrong, PCP Chair Dr LaSalle D. Leffall Jr, French oncologist Dr David Khayat, Ms Pascale Briand, the head of the French Interministerial Commission on Cancer, Dr Andrew C. von Eschenbach, Director of the US National Cancer Institute, Dr Pujol, President of the French Cancer League and Reach to Recovery International member Maria Cunha from Portugal.

The term "cancer survivorship" covers a variety of quality of life issues confronting survivors, ranging from practical matters to emotional support from family and friends.

A number of cancer survivors and cancer organisations joined UICC, the Lance Armstrong Foundation and President's Cancer Panel at the event, including the French Federation of Comprehensive Cancer Centres, UICC's Reach to Recovery International, the group l'ENVOL pour les Enfants Européens, and the French League Against Cancer.

Hope Lodges Caring for the practical and emotional needs of patients

Cancer patients in many countries are often faced with formidable practical hurdles, such as the distance to treatment centres and the prohibitive costs of hospital stays and palliative care. In addition, patients and their families frequently suffer a chronic lack of moral and psychological support.

In 2003, UICC launched a project to develop guidelines for creating Hope Lodges. These centres, which already exist in some countries, help resolve practical problems by allowing patients to undergo therapy as outpatients at little or no cost for room and board, and by offering the benefits of shared experience with fellow patients and, in some cases, professional psychological support.

UICC has initiated efforts to raise awareness of Hope Lodges as low-cost temporary accommodation for cancer patients and their families near treatment centres. A guidebook is being developed with models for different resource settings.

Fundraising, media relations and volunteer motivation

UICC Asia Pacific Fellowship focuses on voluntary cancer societies

Asia-Pacific Cancer Society Training Grants (APCASOT) are a joint project between UICC and The Cancer Council Australia aimed at developing cancer control capacity in the region through the establishment of voluntary cancer societies.

Generally of one to two weeks' duration, the Fellowships involve host organisations inviting an overseas Fellow to take part in a project in the field of fundraising, media relations or volunteer motivation. Eligible candidates are staff of accredited voluntary cancer societies; participating countries include Australia, Singapore and India. Four APCASOT Fellowships were granted in 2003.



Dr Harish Kulkarni and members of the Indian Cancer Society, Nagpur, before leaving for APCASOT Fellowship in Australia.

Relay For Life

After formally establishing the International Relay For Life programme in 2002, ACS and UICC began working together to bring Relay For Life across the world. Relay For Life, the American Cancer Society's signature activity, is an overnight event that celebrates cancer patients and survivors and brings communities together to support the fight against cancer through education, advocacy, research, and patient services. The event raises funds and awareness for the battle against cancer.



Relay For Life in Hobart, Australia.

By 2003, UICC members in Australia, Canada, England, Northern Ireland, New Zealand, Scotland and Singapore launched their own versions of Relay For Life with great success. Also during the year, preparations began in countries such as Venezuela, Israel, Hong Kong, Guatemala, Mexico, Slovenia and Argentina.

Women's Cancer European Workshop

Near the end of 2002 UICC Reach to Recovery International, together with the Association of European Cancer Leagues (ECL), and the Oncology Centre Antwerp (OCA) hosted a workshop focused on women's cancer in Europe. The goal was to identify the current level of political activity being undertaken by cancer support groups and to encourage further action.



New research shared at South Africa meeting

UICC was a co-organiser of the International Symposium on Emerging Perspectives in Clinical Research held in Cape Town, South Africa, from 26-28 November 2003. Presentations concerned four areas of cancer research: immunosuppression and infection in cancer etiology; viral and bacterial influences in carcinogenesis; diagnosis and screening of cancer; and novel sites of intervention. This meeting provided significant new information and gave UICC the opportunity to help facilitate exchange of leading-edge translational research in cancer research.

US President's Cancer Panel

UICC was invited to attend the US President's Cancer Panel's first international meeting, held in Portugal, with the objective of seeing if European approaches to cancer care and survival can be applied to the US national cancer programme. The Panel heard from cancer survivors and health care professionals, and the meeting was held back-to-back with UICC's 12th Reach to Recovery International (RRI) Breast Cancer Conference in May 2003.

UICC conferences

Official and informal exchanges at UICC international conferences are among the most efficient means of disseminating information, stimulating new ideas, and updating concepts in the light of recent discoveries.

2003 served as a vital preparatory year for a number of important upcoming events:

4th UICC World Conference for Cancer Organisations

Dublin, Ireland
17-19 November, 2004
Hosted by the Irish Cancer Society
www.wcco.uicc.org

UICC Conference on Challenges of Cancer in Developing Countries

Cairo, Egypt
21-25 March 2005

13th Reach to Recovery International Breast Cancer Support Conference

Athens, Greece
1-4 June, 2005
Hosted by the Hellenic Association of Women with Breast Cancer and the Society of Volunteers against Cancer
www.breastcancerhellas.gr

UICC World Cancer Congress 2006

Washington DC, USA
8-12 July, 2006
Hosted by the American Cancer Society
www.worldcancercongress.org

13th World Conference on Tobacco or Health

Washington DC, USA
12-15 July, 2006
Hosted by the American Cancer Society
www.13thWCTOH.org

UICC International Calendar of Cancer Conferences

UICC has distributed some 16,000 copies of its International Calendar of Cancer Conferences, which lists major international cancer-related conferences, meetings and congresses over a three-year period. Funded by Novartis Oncology, the calendar is also available online at www.uicc.org.



New Horizons

UICC is actively working to adapt to meet the evolving needs of patients and the global cancer community. The enormous potential of modern information and communication technologies such as the Internet to serve as an effective vehicle for exchanging information and promoting UICC programmes prompted the launch in 2003 of a powerful new global information and communications network known as eUICC.

One of the most important projects UICC has ever undertaken, eUICC builds on the acclaimed success of our GLOBALink online tobacco control network. Since its launch, it has proved a highly effective means of delivering comprehensive, up-to-date information about UICC's full range of cancer control programmes to audiences worldwide. Benefits to members and to the global cancer control community include better access to and sharing of resources, improved coordination of activities, and greater mobilisation towards agreed policies.

Using tools such as e-mail groups, online forums, bulletin boards, web-based information, and training activities, UICC is now beginning to progressively migrate many of its initiatives towards the eUICC platform, with the support of an ACS Challenge grant.

The first round of eUICC-based projects includes the Network of Representatives and the development of eToolkits targeting specific issues.

eToolkits

eToolkits are Internet-based resources that allow knowledge generated in one context to be understood, adapted and utilised in different environments. An integral part of our strategy of encouraging multidirectional information flows, eToolkits promote the sharing of models of best practice and local success stories.

The remarkable power of the Internet provides new opportunities for training, for mobilization, and for the sharing of resources, information and knowledge. While recognizing that a great number of people who need information cannot access the internet, every effort will be made to ensure UICC's presence on the internet in the form of eUICC.



UICC governance and membership

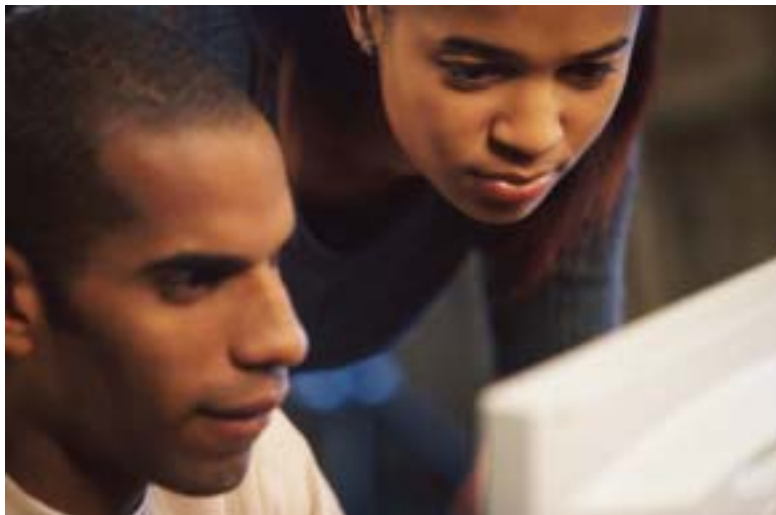
The UICC Executive Committee has also been focusing much attention on ways and means of streamlining internal decision-making structures and operations, and on defining new membership formats that better respond to the demands of today's organisation.

In late 2003, UICC President Dr John Seffrin appointed a Membership and Governance Task Force. Chaired by Dr Mary Gospodarowicz, the group looked closely at current UICC operations and developed a series of recommendations for modifying UICC membership and governing structures.

The proposed changes, slated for implementation in 2006, include holding the UICC World Cancer Congress and General Assembly every two years. In addition, a two-tier governance structure comprising the General Assembly and a Board of Directors would be introduced. A special Extraordinary General Assembly has been called for November 2004 to vote on these proposals.

UICC signs Memorandum of Understanding with World Heart Federation

UICC signed a three-year Memorandum of Understanding (MoU) with partner public health organisation the World Heart Federation in May, 2003 aimed at promoting awareness of common risk factors for non-communicable diseases such as cancer and cardiovascular disease. Plans are also underway for joint campaigns in the fields of nutrition, exercise and tobacco control in low and middle-income countries.



In addition, the two organisations joined forces on World No Tobacco Day (31 May, 2003) to draw attention to the dangers of second-hand smoke. According to some estimates, non-smokers who regularly breathe second-hand smoke have a 25 percent increased risk of developing both lung cancer and heart disease, and an 80 percent increased risk of stroke.

For a smoke-free world

The World Heart Federation is a Geneva-based NGO dedicated to the prevention and control of cardiovascular diseases. Together, UICC and the Federation are mobilising their combined memberships of over 450 organisations in more than 100 countries to lobby governments, health authorities and employers to introduce smoke-free measures (smoke-free hospitals, workplaces, restaurants, public transport and so on), and to train health professionals to educate communities about the risks of second-hand smoke and the immediate health benefits for smokers who quit.

International Cancer Foundation – supporting cancer control and cancer care worldwide

The UICC International Cancer Foundation, ICF, was created in 1971 to support the vision, mission, and work of UICC. ICF makes grants exclusively to UICC in support of ongoing programmes that raise the standards of cancer control and cancer care throughout the world. ICF links donors who want to join the fight against cancer with philanthropic opportunities.

Global Activities



Argentina	Liga Argentina de Lucha Contra el Cáncer	France	Institut Curie
Australia	Cancer Council ACT Cancer Council Australia Cancer Council New South Wales Cancer Council Northern Territory Cancer Council South Australia Cancer Council Tasmania Cancer Council Victoria Cancer Foundation of Western Australia National Cancer Control Initiative Peter MacCallum Cancer Institute Queensland Cancer Fund Walter & Eliza Hall Institute of Medical Research		Institut Gustave Roussy Institut Jean-Godinot Institut Paoli Calmettes Ligue Nationale Comité de Paris Ligue Nationale Contre le Cancer Société Française du Cancer
Bahrain	Bahrain Cancer Society	Germany	Deutsche Krebsgesellschaft e.v. Deutsche Krebshilfe Deutsches Krebsforschungszentrum Westdeutsches Tumorzentrum
Bangladesh	Bangladesh Cancer Society	Greece	Hellenic Cancer Society Hellenic Society of Oncology
Belgium	Belgian Federation Against Cancer Oncologic Center Antwerp	Guatemala	Liga Nacional Contra el Cáncer Guatemala / Piensa
Bolivia	Fundación Boliviana Contra el Cáncer	Honduras	Asociación Hondureña de Lucha contra el Cáncer Liga Contra el Cáncer - Honduras
Brazil	Assoc. Brasileira Assistencia aos Cânceros Fundacao Oncocentro de Sao Paulo Grupo Brasileiro de Estudos do Cancer INCA Instituto Nacional do Cancer Instituto Brasileiro de Contrôlo do Câncer Liga Bahiana Contra o Cancer Sociedade Brasileira de Cancerologia University of Sao Paulo	Hungary	Hungarian League Against Cancer
Canada	British Columbia Cancer Agency Canadian Cancer Society Cancer Care Ontario Centre for Chronic Disease and Prevention Control Fondation Québécoise du Cancer National Cancer Institute of Canada University Health Network, Princess Margaret Hospital	Iceland	Icelandic Cancer Society
China	Chinese Anti-Cancer Association Chinese Medical Association - Beijing Hong Kong Anti-Cancer Society Tianjin Medical University Cancer Inst. & Hospital	India	Bangalore Institute of Oncology Cancer Centre Welfare Home and Research Institute Cancer Institute (WIA) Cancer Patients Aid Association Dharamshila Cancer Hospital and Research Centre Dr B. Borooah Cancer Institute Gujarat Cancer & Research Institute Indian Cancer Society Institute of Cytology & Preventive Oncology IRCH Institute Rotary Cancer Hospital Kidwai Memorial Institute of Oncology Meherbai Tata Memorial Hospital Tata Memorial Centre
Colombia	Liga Colombiana Contra el Cáncer	Indonesia	Indonesian Cancer Foundation
Croatia	Croatian League Against Cancer	Iran	Cancer Institute, Imam Khomeini Medical Center Research Center of Gastroenterology & Liver Transplantation Shariati Hospital HORC
Cuba	Instituto Nacional de Oncología y Radiobiología	Ireland	Irish Cancer Society
Cyprus	Cyprus Anti-Cancer Society Cyprus Association of Cancer Patients & Friends	Israel	Israel Cancer Association
Czech Republic	League Against Cancer Prague	Italy	AIOM Associazione Italiana di Oncologia Medica Associazione Italiana Malati di Cancro parenti ed amici Associazione Italiana Ricerca sul Cancro Centro di Riferimento Oncologico, Istituto Nazionale Tumori, IRCCS Centro per lo Studio e la Prevenzione Oncologica European Institute of Oncology European School of Oncology IST Istituto Nazionale per la Ricerca sul Cancro - Università di Genova Istituto di Ricerche Farmacologiche "Mario Negri" Istituto Nazionale per lo Studio e la Cura dei Tumori Istituto Nazionale per lo Studio e la Cura dei Tumori. Fondazione "G. Pascale" Istituto Oncologico Romagnolo Lega Italiana per la Lotta contro i Tumori Regina Elena Cancer Institute Università degli Studi dell' Insubria Università degli Studi di Perugia
Denmark	Danish Cancer Society	Japan	Aichi Cancer Center Cancer Institute of JFCR Chiba Cancer Center Children's Cancer Association of Japan Fukuoka Cancer Society Hokkaido Cancer Society Institute of Cellular & Molecular Biology Japan Cancer Society Japan Foundation Multidisciplinary Cancer Treatment Japan Lung Cancer Society Japan Society of Clinical Oncology Japanese Cancer Association Jikei University School of Medicine Kanagawa Cancer Center Miyagi Cancer Society
Dominican Republic	Liga Dominicana Contra el Cáncer Patronato Cibaeño Contra el Cáncer		
Ecuador	Sociedad de Lucha contra el Cáncer		
Egypt	Fakkous Center for Cancer and Allied Diseases National Cancer Institute - Cairo		
El Salvador	Instituto del Cáncer de El Salvador		
Estonia	Estonian Cancer Society		
Fiji	Fiji Cancer Society		
Finland	Cancer Society of Finland		
France	Centre Antoine Lacassagne Centre d'Oncologie Léon Bérard Centre Georges-François Leclerc Centre Rég. de Lutte contre le Cancer Paul Strauss Centre Régional François Baclesse Centre Régional Jean Perrin Centre Régional Paul Papin Centre René-Huguenin Comité Départemental de l'Aube Comité Départemental de la Savoie Comité Départemental des Hauts-de-Seine Comité Départemental des Yvelines Comité Nationale pour les Relations avec l'UICC CRLLC Centre Régional René Gauducheau Epidaire C.R.L.C. Val d'Aurelle-Paul Lamarque Fédération Nationale des Centres de Lutte contre le Cancer Institut Claudius Regaud		

UICC Members

Japan Nagoya Memorial Hospital
National Cancer Center - Japan
Osaka Cancer Foundation
Osaka Medical Center for Cancer & Cardiovascular Diseases
Princess Takamatsu Cancer Research Fund
Saitama Cancer Center
Sapporo Cancer Seminar Foundation
Sasaki Institute and Foundation
Science Council of Japan
Tochigi Cancer Center
Tokyo Metropolitan Komagome Hospital

Jordan King Hussein Cancer Center

Kenya Kenya Cancer Association

Korea (South) Korea Cancer Center Hospital
Korean Cancer Society
National Cancer Center Research Institute

Kuwait Kuwait Society for Smoking and Cancer Prevention

Latvia August Kirchenstein Institute Microbiology & Virology

Lebanon Lebanese Cancer Society

Lithuania Lithuanian Anti-Cancer Association

Luxembourg Ministère de la Santé - Luxembourg

Malaysia Cancer Society of Sabah Makna
National Cancer Society of Malaysia

Mexico Asociación Mexicana de Lucha Contra el Cáncer A.C.
Instituto Nacional de Cancerología - México
Sociedad Mexicana de Estudios Oncológicos, A.C.

Mongolia National Oncological Centre, Mongolia

Namibia Cancer Association of Namibia
B.P. Koirala Memorial Cancer Hospital

Nepal Nepal Cancer Relief Society

Netherlands Academisch Medisch Centrum
Dutch Association of Comprehensive Cancer Centers
Dutch Cancer Society
Netherlands Cancer Institute

New Zealand Cancer Society of New Zealand, Inc.

Nigeria Nigerian Cancer Society

Norway Norwegian Cancer Society

Oman Ministry of Health - Sultanate of Oman

Pakistan Ministry of Health - Pakistan Secretariat
Pakistan Atomic Energy Commission

Panama Asociación Nacional Contra el Cáncer
Instituto de Enfermedades Neoplásicas

Peru Liga Peruana de Lucha Contra el Cáncer
Oncosalud SAC
Sociedad Peruana de Cancerología
Sociedad Peruana de Oncología Médica

Philippines Philippine Cancer Society

Poland International Hereditary Cancer Center
Polish Oncological Society - Cracow

Portugal Instit. Português de Oncologia de Francisco Gentil, Centro Regional de Oncologia de Coimbra, SA
Liga Portuguesa Contra o Cancro

Romania Institute of Oncology "Al Trestioreanu" Bucharest

Russia N.N. Blokhin Cancer Research Center
N.N. Petrov Research Institute of Oncology

Saudi Arabia Ministry of Health - Saudi Arabia

Serbia and Montenegro Serbian Society for the Fight Against Cancer
National Cancer Center - Singapore

Singapore Singapore Cancer Society

Slovakia League Against Cancer in Slovakia
Association of Slovenian Cancer Societies
Institute of Oncology Ljubljana

South Africa Cancer Association of South Africa

Spain Asociación Española Contra el Cáncer
Asociación Vivir Como Antes
Institut Català d'Oncologia

Sweden Cancer Society in Stockholm
Swedish Cancer Society

Switzerland Krebsliga Schweiz

Switzerland Ludwig Institute for Cancer Research - Zurich

Syria Syrian Cancer Society

Taiwan Chinese Oncology Society
Formosa Cancer Foundation
Taiwan Cancer Society

Thailand National Cancer Institute - Thailand
Thai Cancer Society

Trinidad and Tobago Trinidad & Tobago Cancer Society

Tunisia Association Tunisienne de Lutte contre le Cancer
Institut Salah Azaiz

Turkey Turkish Association for Cancer Research & Control

UK British Association for Cancer Research
British Association of Surgical Oncology
Cancer Research UK
Cancer Research UK Beatson Laboratories
CancerBACUP
Cochrane Cancer Network
International Institute of Cancer Research
International Ostomy Association
Ludwig Institute for Cancer Research - London
Macmillan Cancer Relief
Marie Curie Cancer Care
Paterson Institute for Cancer Research
Tenovus Cancer Charity
Ulster Cancer Foundation

Uruguay Comisión Honoraria de Lucha contra el Cáncer
Hospital de Clínicas "Dr Manuel Quintela".

USA Albert C. & Bertha P. Markstein Cancer
American Association for Cancer Research
American Cancer Society
American College of Radiology
American College of Surgeons
American Head and Neck Society
American Society of Clinical Oncology
Arthur G. James Cancer Hospital Research Institute
American Society of Therapeutic Radiology Oncology
Cabrin Medical Center
Campaign for Tobacco-Free Kids
Centers for Disease Control & Prevention
College of American Pathologists
Fred Hutchinson Cancer Research Center
Gerald P. Murphy Cancer Foundation
H. Lee Moffitt Cancer Center
Huntington Medical Research Institute
International Society Study Comparative Oncology
Kellogg Cancer Care Center
M.D. Anderson Cancer Center
Massey Cancer Center
National Cancer Institute - USA
National Center for Tobacco-Free Kids
Oncology Nursing Society
Roswell Park Cancer Institute
Society of Surgical Oncology Inc.
Sociedad Anticancerosa de Venezuela

Venezuela Sociedad Anticancerosa de Venezuela

Vietnam National Cancer Institute - Vietnam

Zimbabwe Cancer Association of Zimbabwe



UICC Roll of Honour

Through the Roll of Honour, UICC and its member organisations recognise and acknowledge the outstanding commitment and achievements in the fight against cancer of individuals throughout the world. As individual members of UICC, these distinguished scientists, clinicians, care professionals and volunteers support UICC activities with an annual membership donation of \$250. All UICC member organisations are encouraged to honour the outstanding achievements of their own staff and volunteers by sponsoring them for Roll of Honour membership and assuming their annual donation. In 2003 Roll of Honour funds went to support UICC activities in Prevention and Early Detection, GLOBALink and Reach for Recovery International.

List of Members

Aoki, Kunio	Gray, Nigel	Mihich, Enrico	Sugarbaker, Paul
Ash, Carol	Greene, Trish	Mirand, Edwin	Taguchi, Tetsuo
Baity, John	Grivegnée, André	Mittra, Indraneel	Tahara, Eiichi
Balmain, Allan	Gupta, Prakash	Miwa, M.	Tang, Zhao-You
Barrett, Ann	Hakama, Matti	Morgan, Michael	Tattersall, Martin
Beltran Ortega, Arturo	Hanks, Geoffrey	Murphy, Gerald	Thomas, José
Brawer, Michael	Hann, Byron	Musé Sevrini, I.	Tominaga, Suketami
Brien, Graeme	Hansen, H.	Muto, T.	Toyoshima, K.
Brzakovic, Predrag	Heppner, Gloria	Nambiar, Raj	Trainin, N.
Burger, Max	Hirayama, T.	Nemez, Luisa	Trichopoulos, D.
Burn, I	Höffken, K.	Nilsson, Kenneth	Tsuchida, Nobuo
Burton, Robert	Höfler, H.	Nister, Monica	Tsuruo, Takashi
Caceres, Edouardo	Hoskins, William	Omar, Sherif	Ujhazy, V.
Caligaris-Cappio, Federico	Hutter, Robert	Ospina, J.	Ullrich, Axel
Cerutti, P	Ihse, Ingemar	Pavlovska, Irina	van der Walt, Rika
Charlton, Anne	Imai, Kohzoh	Peters, L.	van Wyk, C.
Ciechanover, A.	Jonas, A.	Pontén, J.	Vazquez Rosas, Tabare
Cleaver, J.	Junqueira, Antonio	Ragde, H.	Wada, T.
Cleton, F.	Kasdorf, Helmut	Rajewsky, Manfred	Weber, Walter
Cognetti, Francesco	Kavanagh, John	Ringborg, Ulrik	Wilkinson, Philip
Collan, Yrjö	Kikuchi, Kokichi	Robinson, Eliezer	Wilkinson, Susie
Collins, V.	Kim, Hoon-Kyo	Rosenthal, David	Woelkers, Joseph
Das, Samiran	Kim, Jin-Pok	Rudolf, Zvonimir	Wyke, John
de Amesti, F.	Krasna, Mark	Ruiz de Campos, Lisseth	Xu, Guang
de Garcia Granados, E.	Kurihara, Minoru	Rutqvist, L.	Yuile, P.
de Nuñez, Isabel	Kurkure, Arun	Sasaki, Ryuichiro	Zaridze, David
Denis, Louis	Lasser, Philippe	Schmidt, C.	zur Hausen, Harald
Diehl, V.	Lawrence, Walter	Seffrin, J.	
Dietel, M.	Lenhard, Raymond	Sekhar, Laligam	
Dillner, Joakim	Levin, B.	Senn, Hans	
Dinshaw, Ketayun	Lipatov, Georgy	Shah, Jatin	
Eckhardt, Sandor	Lise, Mario	Sheldrick, P.	
Elovainio, L.	Littbrand, Bo	Sobin, Leslie	
Estevez, Roberto	Llombart-Bosch, A.	Soedoko, Roemwerdinjadi	
Flamant, R.	Lucas, G.	Sriplung, Hutcha	
Furman, J.	Magrath, I.	Srivastava, P.	
Grammatica, L.	Mayer, Zaharia	Stanbridge, E.	
	Metcalfe, Donald	Stanley, E.	
	Mickelson, H. Fred	Storme, G.	

Task Forces

Prevention and Early Detection

Strategic Leader: Dr H el ene Sancho-Garnier (all sub groups)

Strategic Direction

Steering Group
Dr Basil Bloch
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Dr Guido Mosella
Dr Giuseppe Paladini
Dr Marco Piemonte
Dr Paolo Pronzato
Dr Marco Rosa
Dr Nicolo Scuderi
Dr Vincenzo Stipa
Dr Fabio Volterrani

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Dr Shin-ichi Egawa
Dr Tomi Hayashi
Dr Iwao Ikai
Dr Akihiro Kaneko
Dr Takahiro Kasamatsu
Dr Hitoshi Katai
Dr Takayuki Kinoshita
Dr Kenjiro Kotake
Dr Takuwa Nagakawa
Dr Yoshitaka Okamoto
Dr Masahisa Saikawa
Dr Souichirou Shibui
Dr Yuuji Tachimori
Dr Takashi Watanabe
Dr Akifumi Yamamoto

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United Kingdom

Dr Michael W. E. Morgan (Chair)

United States of America

Dr Frederick L. Greene (Chair)

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Strategic Leader: Dr Robert Burton (all sub groups)

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Dr Kate Dinshaw
Dr Jeff Dunn
Prof. Hélène Sancho-Garnier
Dr Yip Cheng Har
Mr Michael F. Heron
Mr Tom Hudson
Dr Melissa Luwia
Dr Yussuf Saloojee

National Cancer Control Strategic Planning Task Force

Dr Mark Elwood
Dr Arun Kurkure
Dr Eliezer Robinson
Janine Nasset Tominaga
Dr Thierry Philip
Dr Sherif Omar

Network Development Task Force

Ms Catherine Dickens
Mr Tom Hudson
Ms Ranjit Kaur
Dr Roy West

Capacity Building Materials Task Force

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Mr Tom Hudson
Dr Melissa Luwia
Ms Johanna Ralston
Ms Dorothy Reading

Patient Support Task Force

Dr Jeff Dunn

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Miri Ziv
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Irina Kozulina
Karen Veien
Maria Matos
Alka Kapadia

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IJCC Communications Working Group

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Dr Ray Lenhard
Mr Fred Mickelson
Dr Roy West
Dr Elmer E. Heurta

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IJCC Advisory Group on International Conferences

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Dr Liisa Elovainio
Prof. Helene Sancho-Garnier
Mr Michael F. Heron
Prof. David Hill (Chair)
Ms Pearl Moore

Membership

IJCC Membership and Governance Task Force

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Dr Alan Coates
Dr Louis Denis
Dr Kate Dinshaw
Dr Mary Gospodarowicz, Chair
Dr Tomoyuki Kitagawa
Mr Bruno Meili
Dr Eliezer Robinson
Dr John Seffrin (ex-officio member)

International Journal of Cancer

International Journal of Cancer

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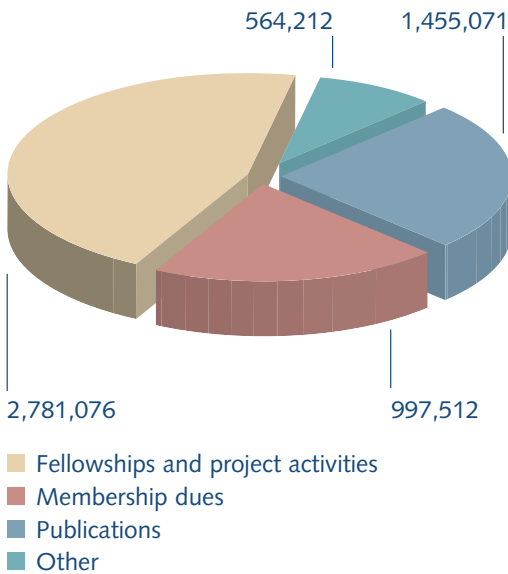
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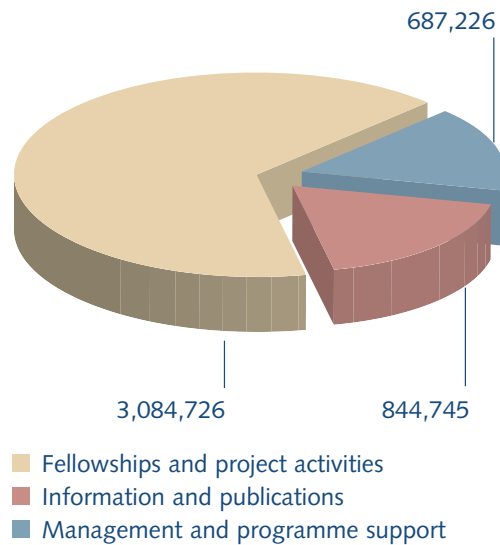
Country	Project	Name	Country	Project	Name
Argentina	FCT	Ms Mirta Molinari	Jamaica	ICR	Dr Garfield Blake
	ICR	Dr Mariana Bonduel		TCS	Dr Alma Zhylykaidarova
	ICR	Dr Paula Fernandez-Calotti		ICR	Dr Geoffrey Mutuma
	ICR	Dr Dora Loria		ION	Mr John Nderi
	ICR	Ms Natalia Rumie Vittar		ION	Mr Justus Osano
Armenia	TCS	Dr Raul Pitarque	Korea (South)	FCT	Ms Jin-Sook Choi
	YY2	Dr Daniel Hochbaum		TCS	Dr Sun Jee
	ICR	Dr Ruben Hovhannisyann		ICR	Dr Olga Sinicka
Australia	ICR	Dr Natalia Gousseva	Malawi	FCT	Mr John Kapito
	ICR	Dr Laura Papp	Malaysia	TCS	Dr Mohamad Nik Mohamed
Bangladesh	YY1	Dr Terrence Mulhern	Mexico	TCS	Mr Raydel Valdes-Salgado
	YY2	Dr Nuzhat Ahmed	Nepal	FCT	Mr Shanta Mulmi
	YY2	Dr George Yeoh	ICR	Dr Ashok Joshi	
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	YY1	Dr Quan Chen	TCS	Dr Magdalena Ciobanu	
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	ICR	Dr Verica Kralj	ICR	Dr Olga Gurianova	
	ICR	Dr Julia Cruz Mojarrieta	ICR	Dr Elena Ioudinkova	
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	FCT	Dr Katerina Langrova	ICR	Dr Oxana Shangina	
Croatia	ICR	Dr Marketa Nowakova	TCS	Dr Olga Vikhrieva	
	ICR	Dr Tarek Shouman	ICR	Dr Malak Bokhari	
Egypt	ACS	Dr Florence Joly	ICR	Dr Khaled Zaza	
	ICR	Dr Sophie Kusy	ICR	Dr Milutin Baucal	
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	FCT	Dr George Bakhturidze	Slovak Republic	ICR	Dr Juraj Baumohl
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	ACS	Dr Corinna Bergelt	ICR	Dr Jozko Cesar	
Germany	ICR	Dr Ernest Chinbuah	ICR	Dr Ibrahim Edhemovic	
	ION	Ms Jessie Adanusah	ICR	Dr Irena Fonda	
Ghana	ICR	Dr Lina Vardouli	ICR	Dr Babatyi Malope	
	ACS	Dr Arpad Farkas	ION	Ms Nontuthuzelo Somdya	
Greece	ACS	Dr Arpad Farkas	ICR	Dr Turid Hellevik	
	ICR	Dr Tamas Beöthe	ICR	Dr Guillem Pera Blanco	
Hungary	ICR	Dr Katalin Nagy	ICR	Dr S. Perera	
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	APC	Mr Samiran Das	ICR	Dr Patravoot Vatanasapt	
	APC	Dr Sanghamitra Pati	ICR	Dr Naira Ben Mami	
	APC	Ms Anita Peter	ION	Ms Rabiaa Antri	
	FCT	Ms Shoba John	FCT	Mr Phillip Karugaba	
	ICR	Dr Pratibha Amare Kadam	TCS	Mr Phillip Karugaba	
	ICR	Dr Monish Aron	ACS	Dr Alexander Thompson	
	ICR	Dr Neeraj Bhatla	ICR	Dr Michael Milsom	
	ICR	Dr S. Deo	TCR	Dr Erik Sahai	
	ICR	Dr Aloke Ghosh Dastidar	YY2	Dr Marta Lomnytska	
	ICR	Dr Manoj Gupta	FCT	Mr Eduardo Bianco Fonsalia	
	ICR	Dr Elizabeth Mathew Iype	ICR	Dr Valentine Andela	
	ICR	Dr Upen Mathur	ICR	Dr Awtar Ganju	
ICR	Dr Ghanshyam Mundhada	ICR	Dr Ray Merrill		
ICR	Dr Rekha Nair	YY1	Dr Howard Young		
ICR	Dr Murthy Pisapati	TCS	Ms Thu Le Thi		
ICR	Mr Victor Prabahar	FCT	Mr Muyunda Iilonga		
ICR	Dr Subrata Saha	TCS	Mr Muyunda Iilonga		
ICR	Dr B. Sharma				
ICR	Dr Mehar Sharma				
ICR	Dr Raj Sharma				
ICR	Dr Subramani Sridharan				
TCS	Ms Monika Arora				
YY1	Dr Jagmohan Singh				
YY2	Dr Partha Basu				
Iran	ICR	Mr Ramin Jaber	Vietnam	TCS	Ms Thu Le Thi
	ICR	Dr Reza Khodabakhshi	Zambia	FCT	Mr Muyunda Iilonga
Ireland	ICR	Dr Masoud Mireskandari			
	ICR	Dr Seyed Yahya Zadeh Jabbari			
Israel	ICR	Dr David Easty			
	ACS	Dr Michael Brandeis			
Italy	ACS	Dr Michael Brandeis			
	ICR	Dr Benjamin Klein			
Italy	ICR	Dr Ilana Yron			
	ICR	Dr Barbara Bottazzi			
	ICR	Dr Laura Daprai			
	ICR	Dr Susanna Mandruzzato			
	ICR	Dr Augusto Orlandi			
	ICR	Dr Patrizia Perri			
	ICR	Dr Giulia Piaggio			
ICR	Dr Alessandra Rinaldo				
YY2	Dr Giovanni Vitale				

Balance Sheet as at 31st December 2003 in US Dollars

Combined restricted and unrestricted income 2003
US\$ 5,797,871



Total expenditure in 2003
US\$ 4,616,697



Assets

Cash:

Current accounts
Time deposits

Accounts receivable:

Membership dues
Related parties
Other
Prepaid expenses
Fixed assets

TOTAL

Receivable from unrestricted funds

Unrestricted:

2003

2002

Current accounts	230,523	1,148,928
Time deposits	3,397,033	1,024,596
Membership dues	60,908	5,402
Related parties	3,412	8,386
Other	54,029	183,449
Prepaid expenses	19,797	5,419
Fixed assets	33,180	86,667
TOTAL	3,798,882	2,462,847

Donor Restricted:

Receivable from unrestricted funds	1,833,742	1,462,501
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Liabilities and Fund Balance

Accounts payable and accrued expenses:

Related parties
Other
Due to restricted funds
Reserve for blocked currencies
Other liabilities
Translation difference
Statutory reserve
Fund balance

TOTAL

Trust funds

Unrestricted:

Related parties	40,473	41,698
Other	173,149	297,246
Due to restricted funds	1,833,742	1,462,501
Reserve for blocked currencies	11,540	10,025
Other liabilities	634,212	493,759
Translation difference	92,484	54,270
Statutory reserve	100,000	-
Fund balance	913,282	103,348
TOTAL	3,798,882	2,462,847

Donor Restricted:

Trust funds	1,833,742	1,462,501
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AUDITORS' REPORT

To the Executive Committee of the
International Union Against Cancer, Geneva

We have audited the accounting records and the financial statements of the International Union Against Cancer (a non-profit, international and non-governmental organization) for the year ended December 31, 2003.


The financial statements are the responsibility of the Union's Executive Committee. Our responsibility is to express an opinion on these financial statements based on our audit. We confirm that we meet the legal requirements concerning professional qualification and independence.

Our audit was conducted in accordance with auditing standards promulgated by the Swiss profession, which require that an audit be planned and performed to obtain reasonable assurance about whether the financial statements are free of material misstatement. We have examined on a test basis evidence supporting the amounts and disclosures in the financial statements. We have also assessed the accounting principles used, significant estimates made and the overall financial statements presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the accounting records and the financial statements comply with Swiss law and the Union's articles of incorporation.

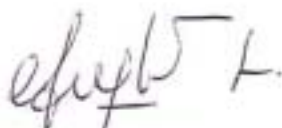
We recommend that the financial statements submitted to you be approved.

DELOITTE & TOUCHE SA



Annik Jaton Hüni

Auditors in charge



Clémentine Largeteau

July 1, 2004

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

UICC Staff 2003

Executive Director

Isabel Mortara

Assistant to the Executive Director

Evelyn Zuberbuhler

Prevention & Early Detection

Maria Stella de Sabata

Tobacco Control – GLOBALink

Ruben Israel

Margaret Walker

Harold Colomes

Jacqueline Drope

Fatma Hassan

Tatiana Andreeva

Stan Shatenstein

Knowledge Transfer

Brita Baker

Karen Silverman

Raluca Grigorescu

Capacity Building

Lohes Rajeswaran

Finance & Administration

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Italo Goyzueta

Annie Imhof

Delphine Langer

Jeannette Nyandwi

Philomène Taylor

Anouk Vittori

Communications

Janice Blondeau

Carlos Ocampos

Jérôme Pitault

JJ Divino

eUICC

Laura Heller

Relay for Life

Ana Olivera

ACS Liaison

Nancy Lins

Roger Sullivan

UICC has made every effort to ensure all information contained in this Annual Review is accurate, and cannot be held responsible for any inadvertent errors that may have occurred.

UICC is the only international non-governmental organisation dedicated exclusively to the global control of cancer. Its vision is of a world where cancer is eliminated as a major life-threatening disease for future generations.

*resource for action
voice for change*



International Union Against Cancer (UICC)
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