



Uniting to defeat cancer Annual Report

2007



International Union Against Cancer
Union Internationale Contre le Cancer

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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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Table of contents

| | |
|---|----|
| From the president and the executive director | 2 |
| Cancer conferences in 2007 | 3 |
| Milestones | 4 |
| Cancer conferences in 2008 and beyond | 5 |
| Towards true cancer control | 7 |
| Uniting to control tobacco | 13 |
| Transforming knowledge into action | 17 |
| Building capacity and supporting patients | 23 |
| Member organizations | 28 |
| David Hill, president-elect | 30 |
| Committees and taskforces | 31 |
| International cancer fellows 2007 | 34 |
| Financial report | 36 |
| Letter from <i>PricewaterhouseCoopers SA</i> | 38 |
| Balance sheet | 39 |
| Contributors 2007 | 40 |

About UICC

The International Union Against Cancer (UICC) is the leading non-governmental organization dedicated to global cancer control. Founded in 1933, it is an independent association of over 300 member organizations in more than 100 countries. UICC is non-profit, non-political and non-sectarian. It creates and carries out programmes around the world in collaboration with hundreds of volunteer experts, working in four strategic directions: cancer prevention and control, tobacco control, knowledge transfer, and capacity building and supportive care. Particular emphasis is placed on professional and public education.

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 people living with cancer throughout the world.

From the president and the executive director



Dr Franco Cavalli
UICC president

"We've tried working alone, and we've had limited success. Now is the time for a new approach – all sectors, public and private, working together to achieve a common goal – the control of cancer."

We wrote these words in *Global Action against Cancer*, a booklet we first co-published with the World Health Organization in 2003. Even earlier, the Charter of Paris adopted on 4 February 2000 called for "an invincible alliance - between researchers, health-care professionals, patients, government, industry and the media - to fight cancer and its greatest allies, which are fear, ignorance and complacency".

Today, we know more than ever before about how to prevent and cure cancer. Yet cancer is still not high enough on public and political agendas.

We know the challenge we face. Cancer killed almost 8 million people in 2007 - about one in eight of all deaths.

If we do nothing, deaths from cancer worldwide will soar to an estimated 12 million deaths in 2030.

New cases of cancer are expected to jump from over 11 million to almost 16 million in the same period.

Eighty percent of cancer deaths occur in low- and middle-income countries, as a consequence of unacceptable global inequities in health systems for cancer prevention, early detection, treatment and care.

Human tragedy on this scale demands a decisive response.

If we act today, we can make a real difference for tomorrow.

This annual report outlines a year of progress, victories, setbacks and innovation. UICC has made every effort to put cancer on public and donor agendas, transfer knowledge from those who have it to those who don't, and build local capacity particularly in low- and middle-income countries, where cancer presents a growing challenge to public health.

We work in partnership with our member organizations – now over 300 in more than 100 countries – and other stakeholders such as the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), and the International Atomic



Isabel Mortara
UICC executive director



Cancer conferences in 2007

Energy Agency (IAEA). We could not achieve all we do without the aid of hundreds of voluntary experts, decision-makers, caregivers and patient groups who give of their time, energy and dedication to further our vision of a world where cancer is no longer a major life-threatening disease for future generations.

Together, we have opened doors to ensure that prevention, effective treatment and supportive care are more accessible. Yet there is still so much more that we must do.

The new World Cancer Declaration to be presented to the World Cancer Congress in 2008 sets forth ambitious targets to make true cancer control a global reality by 2020 and provides a framework for common action.

United, we can defeat cancer.

Dr Franco Cavalli
UICC president

Isabel Mortara
UICC executive director

UICC's calendar of international cancer conferences lists major international cancer-related conferences, meetings and congresses over three years and is available in print and at www.uicc.org. In 2007, 18,000 copies of the printed version were distributed, thanks to funding from Pfizer Oncology.

Trivandrum Breast Conference 2007

Trivandrum, India, 23-25 February

2nd National Cancer Patient Forum

Ankara, Turkey, 6-7 April

Innovation and clinical practice: Anti-cancer summit 2007

Shanghai, China, 17-19 April

Asia and cancer management in the 21st century

Suntec, Singapore, 21-22 April

32nd Oncology Nursing Society annual congress

Las Vegas, Nevada, USA, 24-27 April

14th Reach to Recovery International breast cancer support conference

Stockholm, Sweden, 30 May-2 June

All Russian National Forum: Health or Tobacco

St Petersburg, Russia, 28-31 May

Stop cervical cancer in Latin America, Buenos Aires, Argentina, 19-20 June

Current Trends in Oncology. International Oncology Conference

Pune, India, 24-26 August

1st Global Insight Conference on Leukaemia

Mumbai, India, 10-11 September

Advance in Cancer Research and Drug Discovery: World Cancer Conference

Beijing, China, 13-15 September

4th Congress of South Caucasian Oncologists and Radiologists

Tbilisi, Georgia, 27-28 September

4th European Conference on Tobacco or Health

Basel, Switzerland, 11-13 October

AORTIC 2007. Cancer in Africa: Challenges and opportunities

Cape Town, South Africa, 24-28 October

ONS 8th Annual Institutes of Learning

Chicago, Illinois, USA, 9-11 November

19th Asia Pacific Cancer Conference and 1st APCC nursing meeting

Tehran, Iran, 15-17 November

2nd International Cancer Control Conference

Rio de Janeiro, Brazil, 25-28 November

Milestones

January

On 8 January, the National Cancer Institute (INCA) in France begins a new communication programme that celebrates “two million ordinary heroes” – men and women in France who are living with cancer or have had a cancer experience. The aim is to change public perception of the disease. In Ankara, Hacettepe Hope Lodge welcomes its first guests.

February

On World Cancer Day (4 February), UICC launches “Today’s children, tomorrow’s world”, a five-year cancer prevention campaign focused on children and their parents. The International Agency for Research on Cancer publishes new cancer estimates for Europe, updated from 2004. The US Institute of Medicine publishes *Cancer Control Opportunities in Low- and Middle-income Countries*.

March

The Pan-American Health Organization celebrates International Women’s Day with a focus on cervical cancer. The International Brain Tumour Alliance announces a walk around the world and sets an October date for an international brain tumour awareness week. In Paris, UICC signs the charter of an international network for cancer cooperation, working in particular in countries that speak French.

April

The UICC board of directors adopts a position paper on cervical cancer and HPV vaccination. The *Lancet*’s first forum on cancer management in Asia draws together over 400 leading cancer experts, researchers, and

policymakers in a bid to tackle the growing cancer burden in the region. On the World Day for Safety and Health at Work (28 April), the World Health Organization (WHO) says the control of carcinogens in the workplace should be a key component of every national cancer control programme. In Buenos Aires, the International Agency for Atomic Energy holds a special Latin American event for its programme of action for cancer therapy (PACT).

May

WHO unveils its global plan of action on cancer. UICC takes part in the London conference on cancer control in Africa. UICC’s TNM core committee recommends adoption of new proposals for lung cancer staging from the International Association for the Study of Lung Cancer. Moscow hosts a forum on health or tobacco. Queen Silvia of Sweden speaks at the opening ceremony of the 14th Reach to Recovery International breast cancer support conference in Stockholm. A conference in Brussels concludes with the signing of a declaration for the prevention of colon cancer across Europe. The Global Smoke-free Partnership publishes *Global Voices for a Smoke-free World*, a status report on the rapidly advancing movement towards a smoke-free future.

June

Finland goes smoke-free, banning smoking in all workplaces, including bars, pubs and restaurants without exception. WHO publishes the first ever country-by-country analysis of

the impact of environmental factors on health, revealing that 13 million deaths worldwide could be prevented every year by improving environments. The World Bank publishes a report on public policy and the challenge of chronic non-communicable diseases.

July

Meeting in Bangkok, the conference of the parties to the Framework Convention on Tobacco Control agrees unanimously to begin negotiating a protocol on illicit trade of tobacco products and adopts guidelines that stipulate 100% smoke-free public places and workplaces. The National Cancer Institute hosts a summit on how trans-disciplinary partnerships can help eliminate cancer health disparities across the US. President Levy Patrick Mwanawasa opens Zambia’s first specialized cancer treatment and radiotherapy centre in Lusaka. The first “Stop Cervical Cancer in Africa: Accelerating access to HPV vaccines” conference, held in Abuja, Nigeria, backs the global call to stop cervical cancer.

August

The *Lancet* reports a major cluster-randomized trial in Tamil Nadu, India, showing that screening by visual inspection with acetic acid (VIA) is effective in reducing incidence and mortality from cervical cancer. The first meeting of the Tanzanian cancer control steering committee, responsible for developing the country’s national cancer control strategy, takes place in the Ocean Road Cancer Institute, Dar es Salaam.



Cancer conferences in 2008 and beyond

September

UICC announces “I love my smoke-free childhood”, the first full-year theme in its five-year cancer prevention campaign. WHO and its partners call for increased research to improve patient safety. UICC launches the Global Cancer Control Community, an online network for cancer professionals and volunteers. By the end of the year it has over 1,000 members.

October

UICC helps launch the Cervical Cancer Action alliance and joins the governing council. The World Cancer Research Federation publishes its second expert report on food, nutrition, physical activity and preventing cancer. The 4th European Conference on Tobacco or Health meets in Basel. UICC establishes its cancer capacity building fund and calls for projects for projects from member organizations in low- and middle-income countries. WHO releases its first guide on planning palliative care services for people living with advanced cancer.

November

The UICC board of directors adopts a position paper on equity in access to cancer drugs. The 2nd International Cancer Control Congress meets in Rio de Janeiro and creates a Latin-American Caribbean Alliance for Cancer Control.

December

IARC publishes Cancer Incidence in Five Continents vol IX. UICC’s “My child matters” initiative selects 18 projects for further funding. At the end of the year, UICC membership stands at 286 organizations in 93 countries.

Cancer 2008: 6th international cancer conference
Dublin, Ireland, 7-9 May 2008

Oncology Nursing Society Annual Congress
Philadelphia, Pennsylvania, USA, 15-18 May 2008

**The Role and Involvement of the Patient's Family:
Workshop on psycho-oncology**
Larnaca, Cyprus, 30 May-1 June 2008

10th World Congress of Psycho-Oncology
Madrid, Spain, 9-13 June 2008

**cancer Biomedical Informatics Grid (caBIG):
5th annual meeting**
Washington DC, USA, 23-25 June 2008

World Cancer Congress 2008
Geneva, Switzerland, 27-31 August 2008

**Molecular Targets and Cancer Therapeutics:
20th EORTC-NCI-AACR symposium**
Geneva, Switzerland, 21-24 October 2008

**Molecular Markers in Cancer:
NCI-ASCO-EORTC annual meeting**
Hollywood, Florida, USA, 30 October-1 November 2008

Oncology Nursing Society Institutes of Learning
Seattle, Washington, USA, 14-16 November 2008

10 Congreso Uruguayo de Oncología
Montevideo, Uruguay, 20-22 November 2008

**ICTR 2009: 4th international conference on translational
research and pre-clinical strategies in radiation oncology**
Geneva, Switzerland, 11-13 March 2009

**15th UICC Reach to Recovery International
breast cancer support conference**
Brisbane, Australia, 13-15 May 2009

For more information: visit www.uicc.org/calendar



International Union Against Cancer
UICC World Cancer Congress
27-31 August 2008
Geneva, Switzerland


"Towards true cancer control"


www.uicc-congress08.org

Supported by

European School of
Oncology Foundation 

oncosuisse

 **krebsliga schweiz**
ligue suisse contre le cancer
lega svizzera contro il cancro

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Confederazione Svizzera
Confederaziun svizra

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH
Swiss Tobacco Control Fund





Towards true cancer control

- Increase the number of countries with national cancer control programmes
- Increase the number of countries with viable and adequately funded cancer surveillance systems, including cancer registries
- Develop a collaborative international plan for implementing HPV vaccination programmes in low- and middle-income countries where the burden of cervical cancer is high

World Cancer Declaration 2006

The World Health Organization unveiled a global plan of action on cancer at a technical briefing during the World Health Assembly in May 2007. The plan brings together a wide range of strategies to prevent what is prevent-

able, cure what is curable, relieve pain and improve quality of life, and manage for success.

UICC president Dr Franco Cavalli spoke at the briefing, welcoming the plan's emphasis on national cancer control planning and its recognition of

the continuing need for advocacy. "In the next 10 years every country should have a national plan," he said.

"Civil society and governments need to work together closely to make this happen."

Cancer control opportunities in LMCs

Cancer causes and outcomes in low- and middle-income countries (LMCs) differ from those in the developed world, and cancer is generally low or absent on the health agenda of these countries, even though their share of the disease burden is growing.

Cancer Control Opportunities in Low- and Middle-Income Countries, a report from the US Institute of Medicine published for World Cancer Day 2007, rejects a "one-size-fits-all" response. Each country should decide on a national cancer control plan that takes into account its own priorities and goals, adopting targeted, resource-appropriate cancer control strategies.

The most effective approach to controlling cancer is to prevent it occurring, and the report identifies several practical measures – above all, ratifying and implementing the Framework Convention on Tobacco Control.

"Resource-level-appropriate guidelines" similar to those from the Breast Health Global Initiative should be developed for other cancers, the report says. It also recommends that LMCs develop centres of excellence to serve as focal points in fighting cancer.

Cancer can be extremely painful, particularly for those with advanced and fatal disease. The report recommends that LMCs remove unnecessarily strict limits on morphine and other strong opioid painkillers – the only drugs that work.

Without reasonably accurate data collected over time, it is impossible to understand the existing cancer burden or gauge the effect of interventions. The report recommends that LMCs institute appropriate surveillance and monitoring.

"It's clear that cancer will become an increasingly heavy burden on low- and middle-income countries," says Dr Joe Harford of the US National Cancer Institute, UICC's strategic leader for knowledge transfer. "Now is the time to address in earnest what can be done in these societies."

To show what can be done, UICC has joined with PACT – the IAEA's programme of action for cancer therapy – in demonstration projects in three pilot countries: Nicaragua, Tanzania, and Vietnam. UICC is working closely with our members in these countries to ensure that they benefit from the programme.



National cancer control

Cancer organizations can play an important role in raising public and leadership awareness of the cancer problem, developing effective partnerships for cancer planning, and providing technical support. UICC's planning resources provide practical suggestions that can be applied in any context, including countries with very limited resources.

In 2007, UICC published French and Arabic versions of the resources, to go with the English and Spanish editions already available. Online tools in English, French and Spanish for use with the resources will be published in 2008.

Cancer incidence in five continents

In December, the International Agency for Research on Cancer (IARC) published the ninth volume in the series *Cancer Incidence in Five Continents*. This series, started by UICC in the 1960s, is the recognized reference source on the incidence of cancer around the world, providing high-quality incidence data for different populations.

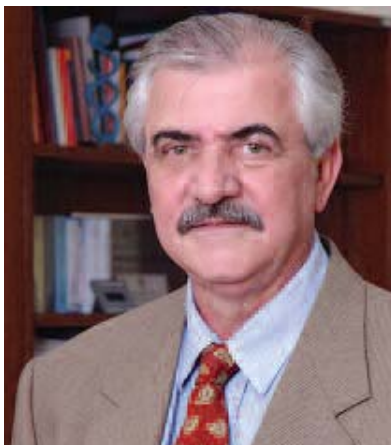
The ninth volume, produced in collaboration with the International Association of Cancer Registries, bases its information on 12 million cancer cases from 300 populations in 60 countries, representing 11% of the world's population. This shows how far cancer registration has come since the 1960s and also how far there is still to go.

"The value of a cancer registry depends on the quality of its data and the extent to which they are used in research and health services planning. Epidemiological research, based on comprehensive cancer registration, is the most valid and efficient way to plan and evaluate all aspects of cancer control."

Eva Steliarova-Foucher,
International Agency for
Research on Cancer



A new alliance in Latin America



Dr Luiz Antonio Santini

The 2nd International Cancer Control Congress, which met in Rio de Janeiro in November 2007, underlined the need for a global community of practice where we can all benefit from each other's experience and wisdom.

Cancer is the second cause of death in Latin America and the Caribbean. People on lower incomes are most at risk and have consistently worse survival rates. As populations in the



region age, cancer incidence is set to rise sharply.

Dr Luiz Antonio Santini, director-general of the National Cancer Institute of Brazil (INCA), chaired the congress. Under his leadership, participants initiated a Latin American-Caribbean Alliance for Cancer Control. The aim is to har-

ness energies, create synergies and organize regional collaboration. The alliance will be coordinated by the Pan-American Health Organization (PAHO) and developed in concert with UICC, the World Health Organization (WHO), and other leading agencies.

France promotes international cooperation on cancer

In March, UICC signed a charter in Paris setting out the objectives, organization and modus operandi of an international network for cancer cooperation. Other signatories were the French ministries of foreign

affairs and for health and solidarity, the French National Cancer Institute (INCa), the National League Against Cancer, Cancérologues sans frontières, Médecins généralistes sans frontières, and the Alliance mondiale

contre le cancer.

The network will promote the development of global strategies and programmes of action, in particular in the 42 countries where French is the language of communication.



New directions in Asia?



Dr Kazuo Tajima

Dr Kazuo Tajima, UICC strategic leader for cancer prevention and control, chaired a symposium in November on future directions for cancer control in Asia. The symposium, held during the 19th Asia Pacific Cancer Conference in Tehran, was co-chaired by Dr Ardeshir Ghavamtzadeh, founder and director of Iran's leading cancer institute, the Haematology-Oncology and Stem Cell Research Centre.

The symposium was a milestone in the discussion between the Asian and Pacific Federation of Organizations for Cancer Research and Control (APFOCC) and the Asian Pacific Organization for Cancer Prevention (APOCP), aimed at building a firm foundation for cancer research and prevention across the region.

UICC launches initiative on cervical cancer

The rapidly changing landscape of cervical cancer prevention and early detection demands the development of comprehensive, effective and appropriate strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in low- and middle-income countries, it is the biggest cancer killer. Nearly 300,000 women die each year from cervical cancer – 85% of them in developing countries.

Thirty years after Dr Harald zur Hausen showed that cervical cancer is caused by infection with the human papilloma virus (HPV), vaccines to prevent infection are becoming available.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer

rates over the last 60 years. But in developing countries, where more than 95% of women never have a pap smear, the death rate from cervical cancer continues to rise.

Recognizing that the new HPV vaccines have the potential to prevent cervical cancer on a large scale, the World Cancer Declaration 2006 included HPV vaccination in developing countries among its priority steps. The declaration acknowledged that vaccination programmes must be based on what is affordable, feasible, and culturally acceptable in each country and vaccination does not remove the need for screening.

UICC subsequently developed a comprehensive approach to cervical cancer prevention and control in two position papers approved by the board of directors.



Dr Harald zur Hausen, who pioneered research into cervical cancer and HPV infection, heads the UICC initiative

UICC supports Cervical Cancer Action coalition



In October, UICC joined with other civil society and public health organizations in Cervical Cancer Action (CCA), a new alliance to demand universal access to new life-saving cervical cancer vaccines, screening tools, and treatment.

The origins of the alliance go back to the Stop Cervical Cancer round table convened by UICC and four

partners in London in December 2006. This led in June 2007 to a global call to stop cervical cancer, which spoke of “a historic opportunity” to reduce the burden of cervical cancer around the world, improve reproductive health, and save millions of women's lives.

The global call recognizes that only a comprehensive strategy, combining vaccination with screening and treatment programmes, will reverse the threat of cervical cancer. It acknowledges that extraordinary action will be required to give women and girls everywhere rapid access to such powerful new technologies as HPV vaccines and HPV testing.

Therefore, it calls on industry to provide adequate supplies of the new technologies at radically tiered prices and calls for committed action on the part of governments, multilateral agencies, the international donor community and development partners, health professionals, and civil society.

Cervical Cancer Action was launched in London at Women Deliver, a global conference on saving the lives and improving the health of women, mothers and newborn babies.

“It is a moral imperative to ensure that access to new life-saving technologies follow the burden of the disease, not wealth,” said Mary Robinson, the former president of



Mary Robinson

Ireland and UN high commissioner for human rights, who chaired the conference.

UICC is represented on the CCA governing council alongside eight other organizations, including two of its members: the American Cancer Society and Cancer Research UK.

UICC backs European petition

Every year, more than 50,000 women in Europe are diagnosed with cervical cancer and 25,000 women die from it.

In July, UICC joined forces with the European Cervical Cancer Association (ECCA) – a new UICC member – in an online petition calling on the European Union and national governments to implement organized programmes of cervical cancer prevention uniformly across Europe and without delay. The aim was to present signatures to the European commissioner for health during European Cervical Cancer Prevention Week, 20-26 January 2008.

“Almost every case of cervical cancer in Europe could be prevented through the equitable implementation of essential prevention programmes,” said UICC executive director Isabel Mortara.



Maintain a healthy body weight

Food, Nutrition, Physical Activity, and the Prevention of Cancer, the World Cancer Research Fund’s second expert report published in October 2007, is a comprehensive report on the links between cancer and diet, physical activity and weight.

Its key finding is that maintaining a healthy weight (a body mass index of 20–25) is one of the most important things you can do to prevent cancer. Since the last WCRF report in 1997, the number of types of cancer where there is convincing evidence that body fat is a cause has risen from one to six, including colorectal cancer and post-menopausal breast cancer.

Other recommendations include:

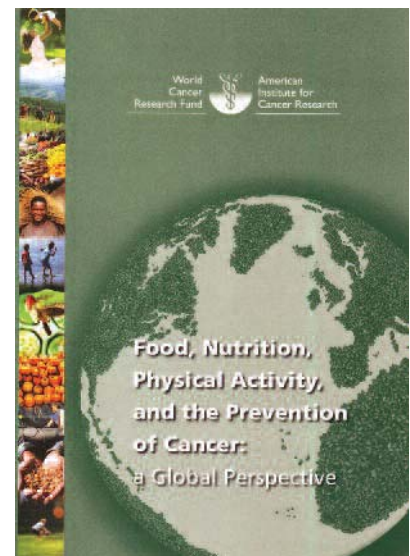
- be physically active as part of everyday life
- limit consumption of energy-dense foods and salt and avoid sugary drinks

- eat mostly foods of plant origin, but avoid mouldy cereals (grains) or pulses (legumes)
- avoid processed meat and limit intake of red meat
- limit alcoholic drinks
- aim to meet nutritional needs through diet alone, without relying on dietary supplements

In one of the first breastfeeding recommendations made by a cancer prevention report, mothers are advised to breastfeed exclusively for six months and to continue with complementary breastfeeding after that. This is because of convincing evidence that breastfeeding protects the mother against breast cancer and probable evidence that it protects the child against obesity later in life.

People living with cancer or who have recovered from the disease

should ordinarily follow these recommendations, the report also says.



“Today’s children, tomorrow’s world”

The environment in which children grow up – at home, in school, and in the community – powerfully influences their behaviour in later life. Simple changes in lifestyle can prevent about 30% of all cancer cases worldwide – well over three million cases each year! Parents play an essential role in promoting healthy habits.

On World Cancer Day, 4 February

2007, the International Union Against Cancer launched “Today’s children, tomorrow’s world”, the second phase in its World Cancer Campaign.

Building on the success of its “My child matters” initiative (see page 27), UICC will work with its members and partners in a five-year cancer prevention campaign that focuses in par-

ticular on children and their parents.

The campaign will target parents, teachers, health professionals and decision-makers with four key messages:

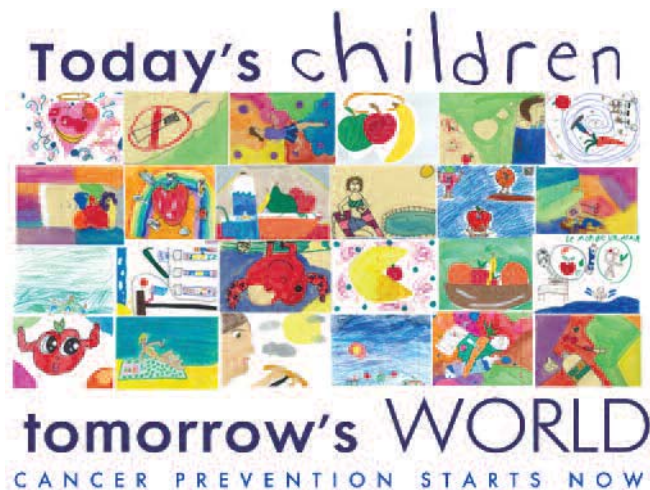
- give children and young people a smoke-free environment
- encourage an energy-balanced lifestyle based on healthy diet and physical activity



- learn about vaccines against viruses that cause some cancers (HBV and HPV vaccines)
 - teach children and teenagers to avoid UV exposure by being “sun-smart”
- Beginning in 2008, each of these messages will provide the theme for a yearlong campaign.

President-elect Dr David Hill will lead a task force in developing a standard survey tool to help UICC members gauge public understanding of and attitudes towards cancer prevention and risk reduction.

First results from this survey will be presented at the World Cancer Congress in 2008.



Second World Cancer Day improves on first

World Cancer Day in 2007 was an even bigger success than 2006, with more media coverage and more organizations in every region taking part.

Among UICC members, Australia took the lead, with the Cancer Council Australia, its eight state and territory organizations, and the Peter MacCallum Cancer Centre all scheduling events. “World Cancer Day helped us get coverage here we would otherwise not have,” reports UICC president-elect Dr David Hill from Cancer Council Victoria.

The prize for persistence goes to the Indonesian Cancer Foundation, which went ahead with an interactive dialogue and media gathering despite major flooding in Jakarta.

“World Cancer Day is a good way to get coordinated publicity on cancer issues,” says Satu Lipponen of the Cancer Society of Finland, who worked closely with Finnish TV.

From Washington to Wellington, news media in every region covered the launch of “Today’s children, tomorrow’s world”. Our key messages reached a diverse global audience in more than two dozen languages. CNN and China Central Television reported on healthy habits parents can share with children to help prevent cancer later in life.

WHO put out an official statement in support of World Cancer Day, attracting major interest from the UN press corps. The IAEA issued a joint press release with UICC.



“What we teach children now will shape their lives and will shape the world for decades to come. This campaign is about bringing awareness of things that seem so basic but really are so important for the health of any child anywhere. Teaching children now ways to protect themselves from cancer throughout their lives is such a simple yet wonderfully life-affirming lesson for us to give as parents and as leaders.”

Steffi Graf,
UICC goodwill ambassador



Every year, 40,000 people in Morocco are affected by cancer, including more than 1,000 children. When cancer strikes, the whole family suffers. The poor are the most vulnerable, because of the high cost of health care. Prevention is one of the four aims of the Lalla Salma Association Against Cancer, a UICC member.

“One does not become involved in fighting this disease just because it is the sensible thing to do,” Princess Lalla Salma says. “It reflects a deep commitment to change the way society sees cancer and bring together those who want to give comprehensive, equitable and expert answers to those who are suffering. For each of us, this noble cause can turn into an exceptional act of humanity and shared hope.”

Princess Lalla Salma of Morocco, UICC ambassador





Journée mondiale sans Tabac, 31 mai



Organisation mondiale de la Santé

Pas de fumée à l'intérieur

DES ESPACES 100% NON FUMEURS
les créer, en profiter

www.who.int/tobacco/wntd/fr



www.stop-tabac.ch

www.prevention.ch

Smoke-free inside: For World No Tobacco Day 2007, UICC joined forces with WHO and local tobacco control organizations in a poster campaign for smoke-free public places in Geneva. One year later, the Swiss canton went smoke-free



Uniting to control tobacco

- Increase the number of countries implementing strategies that have been identified as being successful in the WHO Framework Convention on Tobacco Control (FCTC) World Cancer Declaration 2006

At the 56th World Health Assembly in 2003, WHO's 192 member states unanimously adopted the first public health treaty, the Framework Convention on Tobacco Control (FCTC), to strengthen international action against tobacco. Since it entered into force in February 2005, the convention has become one of the most widely embraced treaties in UN history. By the end of 2007, it had been signed by 168 countries and ratified by 152 countries.

UICC was an active observer in the second session of the conference of the parties to the FCTC, held in Bangkok at the end of June. Two

key items on the agenda were a protocol on illicit trade in tobacco products and guidelines on protecting people from exposure to tobacco smoke.

The Framework Convention Alliance estimates that the illicit trade in cigarettes represents 10.7% of global sales, or 600 billion cigarettes annually. Losses to government revenue as a result of the illicit tobacco trade come to between US\$40 and 50 billion each year.

Article 15 of the FCTC obliges countries to take steps to eliminate this illegal trade. This requires a protocol on a comprehensive system of international cooperation, including obligations and measures additional to those specified in the article. In one of several decisive moves during the conference, the delegates agreed unanimously to begin negotiations on this protocol.

In another key resolution, the parties unanimously adopted guidelines on protection from exposure to environmental tobacco smoke. The guidelines call on national and local governments to enact laws requiring 100% smoke-free workplaces and public places.

The conference also resolved to begin work on guidelines related to packaging and labeling of tobacco products and tobacco advertising, promotion and sponsorship and to streng-

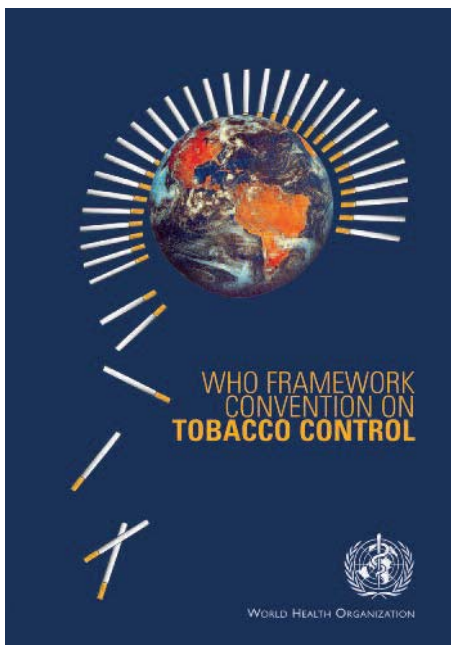
then financial support for parties who need help to implement the convention.

UICC welcomes the outcome of the Bangkok conference and will work with its members and partners to increase the number of countries implementing the strategies outlined in the FCTC.

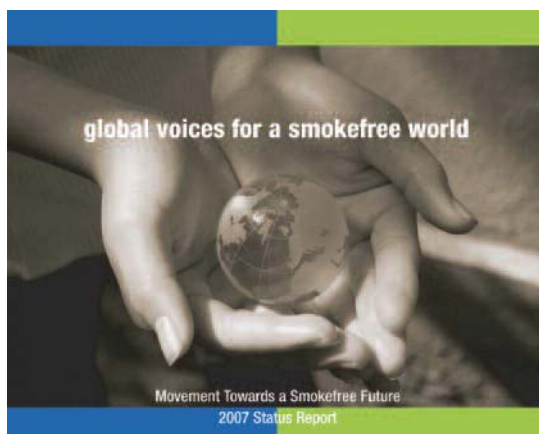


"The evidence is clear, there is no safe level of exposure to second-hand tobacco smoke. Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor workplaces and public places to be 100% smoke-free."

Dr Margaret Chan, WHO director-general



Towards a smoke-free world



In January 2007, the American Journal of Public Health published a meta-analysis by the International Agency for Research on Cancer that demonstrated a clear dose response between exposure to second-hand smoke and lung cancer risk, showing a two-fold increased risk among highly exposed workers.

But the days of smoke-filled restaurants and bars are a fading memory for many countries and will soon be history worldwide, according to *Global Voices for a Smoke-free World*, a report by the Global Smoke-free Partnership published for World No Tobacco Day.

UICC initiated and is one of the leading organizations in the Global Smoke-free Partnership, which pro-

motes effective smoke-free air policies worldwide.

The report finds that as of 30 May 2007 more than 200 million people were already protected by stringent laws, requiring smoke-free air in all enclosed workplaces, including all restaurants, bars and pubs.

Nine countries had laws that require smoke-free air in all workplaces, including all restaurants, bars and pubs: Ireland, Uruguay, New Zealand, Bermuda, Iran, Scotland, Wales and Northern Ireland. England's law took effect on 1 July.

Many other countries, including France, Italy, South Africa and Hong Kong had laws covering most workplaces. Some countries such as Canada, Argentina, Australia and the United States, had passed strong smoke-free air laws at provincial, state, and city level.

The report predicts that with growing ratification of the FCTC the momentum behind smoke-free air laws will become unstoppable.

"The time for excuses and delay is over," says Deborah Arnott, director of Action on Smoking and Health in London. "The tobacco industry's arguments for continuing to expose workers to second-hand smoke have been completely demolished scientifically, legally and politically."

Mobile publicity van, Dr B Borooah Cancer Institute, India



Towards a smoke-free Europe

This was the theme of the 4th European Conference on Tobacco or Health in Basel in October. The conference, organized by the Swiss Cancer League in cooperation with the Association of European Cancer Leagues (ECL) and the German Cancer Society and held under the auspices of UICC, looked at what has been achieved and what still needs to be done on the way to a tobacco-free Europe.

Currently almost two-thirds of European countries have bans or restrictions on smoking in most indoor public places, and some of these bans also cover bars and restaurants.

Between 2002 and 2006, most countries in the region also made significant progress in banning advertising, increasing the size of health warnings, and strengthening product

regulation. In the European Union, the price of tobacco products rose between 2001 and 2005 by an annual average of 6.8% above the rate of inflation. In some countries, however, notably in eastern Europe, tobacco became cheaper. Most countries still do not earmark tobacco tax revenue for tobacco control.

Tobacco remains the leading contributor to the disease burden in most European states and also involves considerable economic costs. Policy challenges remain in many countries, particularly concerning restrictions on indirect advertising, the introduction of smoking cessation programmes into national health-care systems and, above all, combating smuggling.

The *European Tobacco Control Report 2007* notes that smoking levels

in Europe have stabilized and in some countries are decreasing, but urges that greater attention be given to young people (around 25% of 15-year-olds smoke every week), women and marginalized groups.

By strengthening controls in line with the recommendations in the European Strategy for Tobacco Control and the FCTC, European states could make a considerable contribution to reducing the large health burden associated with tobacco consumption.





Moscow hosts forum on health or tobacco

Russia has the third highest per capita cigarette consumption in the world, low cigarette taxes and weak tobacco control legislation – enough reasons to hold a forum on health or tobacco.

The forum, which met in Moscow at the end of May, was organized by the State Duma in collaboration with UICC and other organizations. Luk Joossens, UICC strategic leader for tobacco control, made a presentation on the anti-tobacco efforts of UICC and the Framework Convention

Alliance. Joe Harford, UICC strategic leader for knowledge transfer, spoke on the global fight against cancer, with an emphasis on Russia and tobacco.

The driving force behind the conference was academician Nikolai Gerasimenko, the deputy head of the Duma's health-care committee.

The forum was widely reported in the media and in June achieved its first major success: the Russian Federation became a party to the FCTC.



Luk Joossens

GLOBALink: the next steps

GLOBALink, the international tobacco control online community hosted by UICC since 1993, is a recognized platform for dialogue, allowing tobacco control professionals to find and exchange the latest, most accurate information and analysis, access specific publications, guidelines and reports, and engage in collective action.

In 2007, GLOBALink underwent an independent technical review by Forum One Communications, USA, and MAHITI, India. With the advent of a new generation of web technologies and services, these reviews are a critical step in helping GLOBALink to set priorities for its next phase.

GLOBALink is a community network that provides multilingual tobacco control news and research,

global tobacco control forums, a members' helpdesk, an online petition service, community sharing, mutual help, problem solving, and an information exchange platform. All of these services are outreach systems, where the need for members to visit the GLOBALink website has been



limited. In line with new web developments and the rapid expansion of tobacco control in recent years, however, GLOBALink now needs to create an up-to-date web portal.

The GLOBALink website was customized to meet the evolving needs of tobacco control users. After ser-

ving the tobacco control community well for more than 14 years, this homegrown IT system is now showing its age, and the MAHITI report strongly suggests a change to a standard content management system (CMS).

This constructive review provides a guideline for GLOBALink's future. Implementation of its recommendations will be determined by resource availability, service continuity, members' participation, and staff training.

UICC is grateful to the Open Society Institute and the Bloomberg Global Initiative for commissioning the external technical consultants and to Adin Miller and Dr Judith Watt for managing the process. We would also like to thank Dr David Hill's office for collating a survey of senior GLOBALink members.

"I love my smoke-free childhood"

For the first full-year theme in its five-year cancer prevention campaign, "Today's children, tomorrow's world" (see page 10), UICC chose a global initiative to promote smoke-free environments for children.

Children exposed to second-hand smoke in homes or cars breathe in dozens of cancer-causing chemicals, the campaign – intended to launch on World Cancer Day 2008 – tells parents.

"Exposure to tobacco smoke causes death, disease and disability," says Article 8 of the FCTC. Countries that ratify the convention commit themselves to protect their citizens by legislating against expo-

sure to second-hand smoke in workplaces and public places. But legislation cannot protect children from exposure to tobacco smoke in the two places where they are most vulnerable: at home and in cars.

It is difficult for young children to avoid or complain about second-hand smoke, but they are more at risk because their immune systems are not fully developed. The risk increases with exposure to higher concentrations of tobacco smoke

and longer periods of exposure. Only 100% smoke-free environments protect children from the serious health problems that breathing second-hand smoke causes.

Children depend on adults to make sure their air is smoke-free.





Dr Suparna Sengupta, India, recipient of a Yamagiwa-Yoshida Memorial international study grant



Transforming knowledge into action

- *Make the case that investment in solving the cancer problem is an investment in the health of the population and therefore an investment in a country's economic health*
- *Adopt appropriate evidence-based guidelines for early detection and treatment programmes and tailor priority actions to different socio-economic, cultural and resource settings*

World Cancer Declaration 2006

Knowledge transfer aims to bridge the gaps in cancer control between what is known scientifically and what is done practically. Equally, it aims to end the great disparities in access by different communities and groups to high-quality cancer information, prevention, screening and early detection, treatment and care. If existing knowledge were applied equitably, the global cancer burden would be significantly reduced.

In 2007, UICC awarded 155 fellowships

| | |
|---|------------|
| American Cancer Society international fellowships for beginning investigators (ACSBI) | 5 |
| Yamagiwa-Yoshida Memorial international cancer study grants (YY) | 13 |
| International Cancer Technology Transfer (ICRETT) fellowships | 123 |
| International Cancer Technology Transfer (ICRETT) training workshops | 7 |
| Trish Greene international cancer nursing training workshops (CNTW) | 1 |
| Asia-Pacific Cancer Society training grants (APCASOT) | 6 |
| Total | 155 |

International cancer fellowships

UICC's fellowships programmes impart skills that cut across the cancer continuum from prevention to end-of-life care to those who are on the frontlines of cancer research and cancer care. Thanks to the generosity of sponsors and the expertise of volunteer reviewers, nearly 6,000 health professionals have benefited from UICC fellowships.



ICRETT fellow Dr Pedro Ríos, Peru

Access to cancer drugs

Almost one person in three worldwide has no access to full and effective cancer treatment with the medicines they need. Even in highly developed countries, access to the best cancer therapy is not guaranteed for all.

In November, the UICC board of directors adopted a position paper calling for transparency in pricing and equity in access to cancer drugs.

Many countries cannot afford the high price of patent-protected cancer

drugs, the board says. Patent enforcement by pharmaceutical companies in low-income countries can also inhibit access.

Cancer drugs account for 10–20% of spending on cancer care. Sales of

Public policy and the challenge of chronic non-communicable diseases

A World Bank report published in June 2007 warns that poor countries are catching up with wealthier nations in cancer, diabetes, obesity, and heart disease, and that by 2015 these chronic illnesses will be the leading cause of death in developing countries. The report calls for actions to slow down the trend and prepare for heavy demand on health-care budgets.

The social and economic costs of NCDs can be very expensive. About three-quarters of the NCD disability burden in low- and middle-income countries falls on those aged 15 to 69, at the peak of economic productivity.

Public Policy and the Challenge of Chronic Non-communicable Diseases says that these countries need to promote healthy ageing and avoid premature deaths. They also need to adapt their health systems to cope with the growing numbers of elderly people who will require long-term care and request expensive treatment.

“An exclusive focus on prevention may lead to unrealistic expectations of a disease-free future and a failure to prepare for emerging challenges,” says Olusoji Adeyi, the World Bank’s coordinator for public health programmes, who led the team that wrote the report. “We find a compelling case for actions on both fronts; avoiding much of the chronic disease burden, and preparing to deal with large demands on health budgets and systems.”



“Many studies tend to underestimate the real cost of non-communicable diseases to individual people and their families, which can cause a household to slip below the poverty line. When a family member falls sick with a chronic illness, families in developing countries often tap into their meagre savings, or sell what they own to cover the costs of care and lost wages. Another way families cope is to have women and children care for their sick relatives, which can mean that children have to leave school during a health crisis to care for a sick older relative, earn extra money, or use money put aside for their education to help cover medical costs. Although these effects of poor health are not unique to NCDs, the longer duration of chronic disease makes the financial costs heavier than in the case of acute illnesses.”

Joy Phumaphi
Vice-president of the World Bank's
human development network
and formerly minister of health in Botswana

cancer drugs reached \$34.6 billion in 2006, up 20.5% from 2005. Some governments do not provide reimbursement for essential cancer drugs, leaving patients to pay for them themselves.

Drug development is mainly driven by commercial considerations. The pharmaceutical industry spends \$6.5-8 billion each year on cancer research; government and non-profit investment is much lower. Few if any drugs are available to treat rarer cancers.

Targeted therapies are revolutionizing the way cancer is managed, but their price is high and getting higher. As more targeted therapies are used for long-term maintenance, the overall cost of cancer care will increase significantly and for many countries may become unaffordable.

The paper is intended to stimulate discussion on ways of promoting more equitable access to optimal cancer care worldwide, and comments are welcome.

Assessing oncology needs in a Kenyan hospital

Resources for cancer treatment are limited in Kenya, with only three radiation machines for 30 million people – Canada has 140 machines for the same population.

In July-August 2007, Timothy Hanna, a senior resident in radiation oncology in Kingston, Ontario, and his Canadian nursing colleague Jeanette Suurdt spent two months as ICRET fellows helping to work out a plan to treat cancer patients in AIJ Kijabe hospital.

Kijabe is a 240-bed charity referral hospital open to all Kenyans, focusing on those with limited or no financial means. About 500 new cancer cases present each year, despite a lack of resources for treatment.

The two fellows built relationships and understanding through interactive teaching sessions with nurses, doctors, residents and medical students. They taught the basic principles of oncology to over 100 nurses and provided practical education on cytotoxic precautions. They developed some cancer prevention resources based on WHO and UICC information, some of which was later used in a presentation to the Ugandan parliament. They also treated the first case of childhood leukaemia the hospital had ever attempted, in partnership with



"It was so exciting to help the staff at Kijabe work through what it would mean to have a cancer programme at their hospital and develop a concrete plan to phase it in. This fellowship was an incredible experience for both of us, and we hope it will serve as encouragement to other oncologists and health-care workers to contribute to the fight against cancer in low- and middle-income countries."

Timothy Hanna and Jeanette Suurdt

Dr Elizabeth Korthoff, a paediatric oncologist from the Netherlands.

The plan eventually adopted was to begin by expanding chemotherapy services, where capital costs are lower

than in radiotherapy. The first cancers to be treated are breast cancer, Kaposi's sarcoma, and surgically treatable cervical cancer. Kijabe has also started a dedicated palliative care pro-

gramme. Its importance is clear: most of the patients treated at Hospice Uganda and Hospice Kenya are cancer patients.

ICRETT training workshops

In 2007, UICC funded seven workshops in Cuba, Cyprus, India, Turkey, and Uganda.

- *Advanced radiotherapy treatment planning: principles and practice*, Advanced Medicare Research Institute Hospitals, India, led by Dr Bernard Mijnheer, Netherlands Cancer Institute
- *Data quality in cancer registry*, Instituto Nacional de Oncología y Radiobiología, Cuba, led by Dr María Isabel Izarzugaza Lizarraga, Department of Health, Basque

Government, Spain

- *Flow cytometric analysis of tumour cells*, Institute of Experimental Medicine, Istanbul University, Turkey, led by Dr Awatar Krishan Ganju, University of Miami School of Medicine, USA
- *Mechanisms and epidemiology of cancer with focus on Africa*, Makerere University, Uganda, led by Dr Bo Lambert, Karolinska Institute, Sweden
- *Proliferation, apoptosis and signal transduction*, Jawaharlal Nehru

University, India, led by Dr Awatar Krishan Ganju, University of Miami School of Medicine, USA

- *Setting priorities in radiotherapy-technology and access*, Dr Rai Memorial Cancer Institute, India, led by Dr Krishnaswamy Madhavan, Southend University Hospital, UK
- *Stresses of working with cancer patients*, Ministry of Health, Cyprus, led by Dr Michael Silbermann, Middle East Cancer Consortium

Mechanisms and epidemiology of cancer in Africa

Makerere University, on the outskirts of Kampala, Uganda's capital, was the venue for an ICRETT workshop in January. The programme included cancer aetiology, epidemiology, and the mechanisms of carcinogenesis and cancer prevention.

A mixed faculty of Ugandan and foreign cancer experts taught a class of 20 students drawn from the university medical school, Mulago hospital, and the Ugandan ministry of health. Three scientific seminars where PhD students presented their work in cervical cancer aetiology, cervical cancer screening, and conjunctival cancer were especially useful.

"All students could see how in practice projects in cancer epidemiology can be planned and implemen-

ted, and which results one may expect, and how one may interpret such results," says Dr Nelson Sewankambo, dean of the faculty of medicine, who coordinated the course.

The course was originally planned to last six days but, thanks to the inte-

rest of the students, was extended for a further four. This allowed for several practical exercises in data management and data analysis. Dr Sewankambo expects that the students will now be able to use the data from the Kiadondo cancer

registry, which covers the Kampala region, in their own research.

He also hopes that the Ugandan teachers – and perhaps some of the students already engaged in cancer research – will eventually take over the task of teaching epidemiology.

ICRETT fellow Dr Olanisun Adewole, Nigeria, during a bronchoscopy session



Setting priorities in radiotherapy



Dr Frances Calman, Dr G Selvaluxmy, Dr SK Srivatsava and Dr S Bhoopal from the workshop faculty

In low- and middle-income countries the need to reconcile technological advances with access to more basic cancer treatment is stark.

Chennai was the venue for an ICRETT workshop in November 2007 on setting priorities in radiotherapy. Two sessions looked at access; three sessions discussed technology in cancers of the prostate, head and neck, and cervix; and a sixth session focused on emerging technologies.

An overview was given on the great leap forward from 2D to 3D radiothe-

rapy and its modernizing implications.

Standards and technological requirements in the three tumour sites were discussed, and the status of such interventions as PET scanning, helical tomotherapy and stereotactic radiosurgery was reviewed.

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.

The workshop was organized by Dr Krishnaswamy Madhavan together with the Association of Radiation Oncologists of India (AROI) and embedded in

the annual AROI meeting, hosted by the Dr Rai Memorial Cancer Centre. Participants were senior radiation oncologists, radiation physicists, heads of cancer centres, and senior oncologists from India's corporate health-care sector.

Two working groups were formed to develop a consensus statement on technology and access that will serve to inform policymakers and commissioners of radiotherapy in low- and middle-income countries. The statement and a monograph of the proceedings will be published in 2008.



ICRETT fellow Dr Antonella Sgura, Italy

TNM

"Seismic shift" in lung cancer staging

Tumour, node, metastasis (TNM) staging has been the basic classification for all solid tumours for decades. Developed by Dr Pierre Denoix of France, it was adopted by UICC in 1953. Use of this system has assisted health-care providers in selecting appropriate therapies for patients and has defined appropriate populations for clinical research.

In 1998, the International Association for the Study of Lung Cancer (IASLC) launched a worldwide TNM staging project for lung cancer. A decade of intense study came to fruition in a flurry of articles

in July and August 2007 in the *Journal of Thoracic Oncology*.

The IASLC proposals for revision of the staging system are based on analyses of 67,725 cases of non-small cell lung cancer. In an editorial in the journal in July, Dr Katherine Pisters and Dr Gail Darling congratulate the IASLC on the huge task it has successfully tackled. But they add, "The staging systems for lung cancer and, indeed, for all solid tumours represent a work in progress. We look forward to the day when accurate surgical and molecular staging will accurately predict prognosis."

In an editorial in August, Dr Gerard Silvestri echoes this caution: "Even with the size and scope of this undertaking, the staging system remains a relatively crude predictor of survival.

Recent forays into tumour protein expression and cancer genomics have provided a glimpse into how we may improve our ability to predict outcome among those within a given stage grouping. One can envision a time in the not too distant future when stage will be based on both the TNM classification and molecular diagnostics. Until then, let us admire the work of those who built the staging system over the past 30 years and embrace the proposal for a new classification for lung cancer."

Meeting in May, UICC's TNM core committee recommended that the IASLC proposal be accepted for inclusion in the seventh edition of the *TNM Classification of Malignant Tumours*, scheduled for publication in 2009.

"The IASLC's work is a tremendous contribution," says Dr Leslie Sobin, chair of the TNM project. "I consider it a model for international cooperative groups preparing future proposals for TNM revisions."



Dr Leslie Sobin (left) chairs an animated discussion in the TNM committee



The TNM prognostic factors project goes from strength to strength. A record number of national committees promote and disseminate cancer staging worldwide, while over 100 experts assist the project in critical appraisal of literature and knowledge synthesis.

An Arabic translation of the sixth

edition of the *TNM Classification of Malignant Tumours* appeared in 2007 and will be distributed free of charge in Arab countries. The text was translated by Dr Dalia Aboul-Azm and revised by Dr Mohamed Lotayef, under the supervision of Dr Sherif Omar, a member of the former UICC council.

Enhancing efficiency in guideline development and utilization

Health organizations face a growing need to standardize health policies and practices, in order to promote optimal, evidence-based, and equitable patient care and manage finite resources better. But the development and updating of high-quality clinical practice guidelines itself requires substantial resources.

ADAPTE is an international collaboration of researchers, guideline developers, and guideline implementers who aim to promote the development and use of clinical practice guidelines by adapting existing guidelines, thus reducing cost and duplication of effort. The group's main endeavour is to develop and validate

a generic adaptation process that will foster valid and high-quality adapted guidelines, as well as their users' sense of ownership.

ADAPTE is a collaboration between the Quebec Cancer Control Department and the standards, options and recommendations (SOR) project of the French National Federation of Comprehensive Cancer Centres.



"We believe that ADAPTE offers added value to UICC and its members in their aim of translating scientific evidence into improved cancer strategies and policies and will organize a training workshop for ADAPTE at the World Cancer Congress in 2008."

Dr Thierry Philip
Director, Centre d'oncologie
Léon Bérard, and
UICC board of directors

International Journal of Cancer



The *International Journal of Cancer*, UICC's official research organ, is edited by Dr Harald zur Hausen and published by John Wiley & Sons.

A leading cancer journal, with 30 issues per year, it, offers rapid, robust peer-review and publication on all aspects of experimental and clinical cancer research. It is available in print and online: www.interscience.wiley.com

In 2007, the editorial office in Heidelberg, Germany, handled almost 3,000 manuscripts. Impressively, the average time from submission to first decision is less than 25 days. The 2007 impact factor is 4.555 (© ISI Journal Citation Reports 2008). Accepted articles are disseminated globally and made available in more than 5,000 institutions worldwide.

In 2009, the journal's online functionality will be significantly augmented as John Wiley & Sons embark on a major upgrade to their web platform.

UICC strategic leader honoured in Amman



In September, Dr Joe Harford, UICC strategic leader for knowledge transfer and director of the US National Cancer Institute's office of international affairs, received an award from the Arab Medical Association Against Cancer in recognition of a decade of work in the Middle East.

Faisal Al Fayez, the former prime minister of Jordan, presented Dr Harford with the award at a gala dinner during the Middle East and North Africa cancer research conference in Amman.

The citation on the award reads "In recognition for his significant contribution to enhance the status of cancer care and cancer research in the region and for his unwavering efforts to support needed infrastructure and create opportunities in cancer education, training and capacity building to help cancer patients and their families throughout the Arab world."



The Cancer Council Queensland



Building capacity and supporting patients

- Consistently deliver a set of compelling messages that can be tailored to different country settings and to traditional and non traditional partners
- Increase the number of countries that make pain relief and palliative care an essential service in all cancer treatment and home-based care
- Increase the number of opportunities for people living with cancer and those touched by cancer to participate fully in community, regional, and country cancer control efforts

World Cancer Declaration 2006

In UICC's institutional development 2007 was a pivotal year. The decades-long system of national representation was abandoned and replaced by individual orga-

nizational membership. In parallel, members from low and middle-income countries were offered an opportunity to reduce their dues. By the end of the year, the new system

showed positive results. Several organizations either joined or maintained their membership despite their financial problems.

Ankara Hope Lodge opens its doors



Dr Tezer Kutluk with guests at the Hope Lodge

People living with cancer come from all over Turkey to Hacettepe University Oncology Hospital in Ankara. Many face a major problem – where to find safe, clean and affordable lodging while they are being diagnosed and treated. On 23 January, Hacettepe Hope Lodge, next door to the hospital, welcomed its first guests.

The lodge, with 10 rooms for patients and their families, was built by the Hacettepe Oncology Institute Foundation, in partnership with the

Turkish Association for Cancer Research and Control and UICC. Construction began in March 2005, thanks to a generous donation from the BNP Paribas Foundation, Switzerland, negotiated through UICC.

“This Hope Lodge is the first in Turkey,” says Dr Tezer Kutluk, president of the Turkish Association for Cancer Research and Control. “We hope that it will serve as a model for similar projects elsewhere in our country, and in other countries too.”

Breast cancer survivors unite in Stockholm

Queen Silvia of Sweden spoke at the opening ceremony of “Uniting in Recovery”, the 14th UICC Reach to Recovery International breast cancer support conference, which met in Stockholm, Sweden, at the end of May.

The meeting focused on the latest developments in breast cancer care,

including peer supportive care, patient empowerment, prevention, early detection and community mobilization. Delegates representing over 50 countries networked, shared information, and discussed ways to face challenges and overcome barriers.

The conference was hosted by the Swedish Breast Cancer Association



Queen Silvia of Sweden

Ann Steyn



and the Swedish Cancer Society. With support from Susan G Komen for the Cure and Bristol-Myers Squibb, UICC grants enabled many participants from resource-constrained countries to attend.

Ann Steyn, who has played a key role in training Reach to Recovery volunteers throughout Africa, is the new president of Reach to Recovery International.



Awards

Maria Cunha Matos received the Terese Lasser award, which is conferred on a Reach to Recovery International volunteer who has introduced, initiated, or contributed to the development of a new Reach to Recovery programme in an exceptional way.

Maria, a breast cancer survivor since 1994, has been a Reach to Recovery volunteer with Vencer e Vivir in Lisbon since 1996 and has been a key figure in the twinning programme between Portugal and Latin America.

Olwyn Ryan received the Health Professional Volunteer award, recognizing her exceptional contribution to breast cancer support.

Global Cancer Control Community

UICC launched the Global Cancer Control Community in September 2007 as an interactive website for cancer control professionals and volunteers. New features are constantly being added.

Members of the community can network with peers around the

world, share and access information, discuss and debate cancer control, and contribute to activities and programmes of the World Cancer Congress. By the end of the year, well over 1,000 people had joined the community.



Strategic health communication in Finland

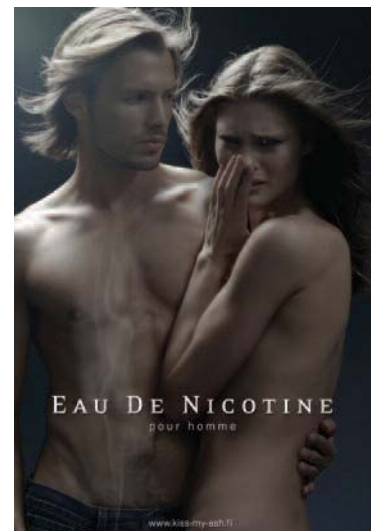


Many voices, one message.

Basic rules of communication counsel us to join forces and link our activities to topical themes. Every spring, the Cancer Society of Finland, the Finnish Meteorological Institute, and the Radiation and Nuclear Safety Authority hold a joint press conference on being sensible in the sun.

“We find working together very natural and easy, and we have been able to find newsworthy themes,” says Dr Matti Rautalahti, chief medical officer of the cancer society, who is responsible for health promotion.

This year, for the first time, the incidence of cutaneous melanoma among women was lower than the year before. “It is too early to see the drop as a trend, but certainly it is a promising signal,” Rautalahti says.





The Cancer Society also works with the Finnish Heart Association and the Finnish Horticultural Products Society to promote a healthy diet, with a better intake of fruits and vegetables. The programme is especially active in schools during September and October.

A third area of cooperation is smo-

king prevention. The Cancer Society worked actively with other non-governmental organizations to make all restaurants, pubs and bars in Finland smoke-free.

Smoking among adults in Finland has been dropping for some time, but tobacco use by young people has shown a slightly different trend. This

is why the Cancer Society has been coordinating tobacco use cessation activities, with tailored messages aimed at young people.

The result? Smoking prevalence among young people is now also showing a downward trend.



European communicators meet in Gstaad

UICC brought communicators from seven European member organizations to a round table in Gstaad, Switzerland, during the Menuhin Festival in September.

Dr Emmanuelle Bara (National Cancer Institute, France), Dr Volker Beck (German Cancer Society), Isabelle Carrel Rothe (Swiss Cancer League), Peter Flynn (Cancer Research UK), Cora Honing (Dutch Cancer Society), Satu Lipponen (Cancer Society of Finland) and Maria Prigorowsky (Swedish Cancer Society) presented their organizations and brainstormed ways of working together more closely. They also helped to firm up ideas for World Cancer Day 2008.

"I had a very fruitful time," says Maria Prigorowsky. "It felt like a start for our future collaboration, a process that is much easier now that we have met."

Cancer capacity-building fund

The UICC cancer capacity-building fund helps member organizations in low- and middle-income countries to reach to local communities with evidence-based activities. The fund was launched in October 2007, and the project theme for 2008 was promotion of tobacco prevention activities related to the "I like my smoke-free childhood" campaign.

Strategic project grants of US\$10,000-15,000 are intended to improve the capacity of members to develop and implement cancer control programmes. Small grants of up to US\$3,000 are intended to build the cancer control capacity of staff and volunteers in member organizations.

The fund was established with

contributions 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.

The results of the first call for projects are now available on the UICC website; a new call for projects will be launched in September 2008.

Better together

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

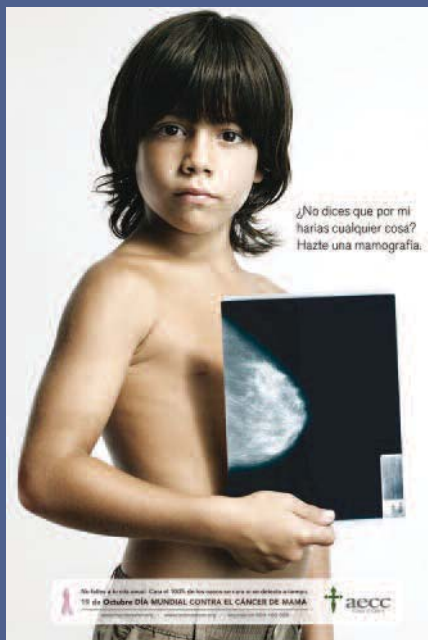
Based on a series of interviews and observations, the researchers evaluated the capabilities of each group and made specific recommendations to increase their capacity. *Better Together*, the report summing up the findings of

the pilot project, will be published in 2008 to help build the capacity of

patient groups in south-eastern Europe and elsewhere.



Spanish association targets men



Pink October is breast cancer awareness month. All over the world, national cancer societies, breast health foundations and breast cancer support groups promote awareness of the importance of screening and early detection.

In 2007, the Asociación Española Contra el Cáncer shifted its target from women to the men in their lives, encouraging sons, grandsons, brothers, fiancés, husbands and fathers to urge women in the age groups most at risk to have regular mammograms.

Burundi debates the challenge of cancer



Dr Rosa Paula Manariyo welcomes Dr Pie Ntavyohanyuma

Burundi, a resource-poor country in Africa’s Great Lakes region, recently emerged from 13 years of civil war but still faces many challenges. At the end of September, the Alliance burundaise contre le cancer, a new UICC member, held a conference on what can be done about cancer.

“Unfortunately, due to the immense problems of diagnosis and the lack of qualified personnel and resources, we lack reliable figures for cancer incidence and mortality in our country,” said Dr Rosa Paula Manariyo, president of the alliance. “But cancer is certainly among us. Everyone here bears the mark of mourning caused by cancer.”

Estimates from the International Agency for Research on Cancer rank Kaposi’s sarcoma as the leading cancer in Burundi – about one in 15 adults has HIV/AIDS – and cervical cancer as the leading cancer in women. Surgery is almost the only mode of treatment for cancer in Burundi.

It is unacceptable to leave cancer patients and their families torn between seeking care abroad or resigning themselves to death, said Dr Pie Ntavyohanyuma, the president of the national assembly. He looked forward to the creation of a national cancer treatment centre.

Report exposes lack of access to analgesics

A report published for World Hospice and Palliative Care Day in October investigates the widespread lack of access to pain relief in many parts of the world, highlighting the fact that cost is not usually the main barrier.

The report showcases a new survey of 69 hospice and palliative care services in Asia, Africa and Latin America, as well as synthesizing global data about access to pain relief.

It finds that around 80% of the world’s cancer sufferers have no access to analgesics and that an estimated 7% of all people in the world suffer cancer pain that could be relieved but is not.

Most of the people denied pain relief are in developing countries, where the incidence of pain is also



Access to pain relief – an essential human right

often higher. The main barriers to access are not cost, but rather lack of education and training, bureaucracy, excessively strict legislation, misplaced fear of addiction, abuse, tolerance or side effects, and poorly developed health systems and supply chains.

The report outlines essential steps that need to be taken including

improved education and accountability, reviewing laws and policies and strengthening health facilities. Palliative care and access to analgesics should be an integral part of all national policies relating to cancer, HIV/AIDS and other chronic diseases, it says.



“My child matters” to enter third year

UICC launched the “My child matter” initiative in 2006 to support children with cancer and their families in low- and middle-income countries. “My child matters” is the largest and most comprehensive childhood cancer programme in resource-constrained settings.

In June, the scientific abstract “Evaluation of paediatric oncology care in 10 countries taking part in the My child matters programme” was



presented at the annual meeting of the American Society of Clinical Oncology. The ASCO cancer communications committee also chose to highlight it in the official press programme.

“My child matters” is a UICC/sanofi-aventis partnership.

In December 2007, 18 projects were selected for second- or third-year funding (see list below).

| Pilot projects (2006): support for year three | |
|---|---|
| Bangladesh | ASHIC palliative care unit (Salma Choudhury) Childhood cancer campaign (MA Mannan) |
| Egypt | We are the children, we are the world (Ayman Omar) |
| Honduras | Satellite clinics (Ligia Fu) |
| Morocco | Early diagnosis (Fouzia Msefer Alaoui) Pain management (Mohamed Harif) |
| Philippines | CanServe project (Julius Lecciones) |
| Senegal | Continuous care unit (Claude Moreira) |
| Tanzania | Burkitt's lymphoma (Twalib Ngoma) |
| Venezuela | Psychosocial and nutritional support (Claudia Sánchez Machuca) |
| Vietnam | Competence in prevention, care, and support (Nguyen Ba Duc) |

| Second-year projects (2007): support for year two | |
|---|--|
| Bolivia | Free leukaemia diagnosis (Ricardo Amaru Lucana) Early diagnosis and follow-up (Yolanda Ernst) |
| Indonesia | Early detection, referral and treatment (Melissa Luwia) |
| Kenya | Burkitt's lymphoma (Nicholas Anthony Othieno Abinya) |
| Mali | Oncopedia Mali (Boubacar Togo) |
| Peru | eLearning (Gustavo Sarria Bardales) Albergue ALDIMI (Nelly Isabel Therese Humaní) |
| Romania | Improving diagnostic services (Doina Mihaila) |



“There is hope”: Canadian Cancer Society, Relay For Life, Montreal

Naomi hopes for a cure



Naomi Bartley and Ruth Hoffman

More than a quarter of a million dollars was raised for childhood cancer research in November 2007 at the first annual “Naomi’s Hope for a Cure” in the National Building

Museum, Washington DC. Children with cancer today are still treated with cytotoxic drugs developed 20 to 30 years ago. The money collected at the gala event by the Candlelighters Childhood Cancer Foundation, a UICC member organization, will go to research into new “smart drugs” to give them hope for the future and a complete cure.

Members of congress, sports celebrities, cancer leaders, corporate CEOs, community supporters, and childhood cancer families attended

the gala, which was organized by Naomi Bartley, the daughter of Ruth Hoffman, Candlelighters’ executive director. November was when Naomi celebrated the 20th anniversary of the allogeneic bone marrow transplant that saved her life.

In 1987, when she was seven, Naomi was treated for acute myelogenous leukaemia (AML). Living with chronic health problems resulting from the aggressive treatment she received as a little girl, Naomi joins her mother in raising research dollars and an awareness of the need for less toxic targeted therapies to treat childhood cancer.

Africa

African Oncology Institute, Libya
 Agir Ensemble, Congo
 Alliance burundaise contre le cancer, Burundi
 Association Ennour d'aide aux malades cancéreux, Algeria
 Association Lalla Salma de lutte contre le cancer, Morocco
 Association tunisienne de lutte contre le cancer, Tunisia
 Cancer Association of Namibia
 Cancer Association of South Africa
 Cancer Association of Zimbabwe
 Care Organization Public Enlightenment, Nigeria
 Fakkous Centre for Cancer and Allied Diseases, Egypt
 Institut Salah Azaiz, Tunisia
 Kasr El Ainy Centre of Radiation Oncology and Nuclear Medicine (NEMROCK), Cairo, Egypt
 Kenya Cancer Association
 Kenya Medical Research Institute
 National Cancer Institute, Cairo, Egypt
 Mathiws Wondu – YeEthiopia Cancer Society, Ethiopia
 Nigerian Cancer Society, Nigeria
 Ocean Road Cancer Institute, Tanzania
 Society of Oncology and Cancer Research of Nigeria
 Tous unis contre le cancer, Niger
 Uganda Women's Cancer Support Organization
 Ye Ethiopia Cancer Association, Ethiopia

Asia and the Pacific

Aichi Cancer Centre, Japan
 Bangalore Institute of Oncology, India
 Bangladesh Cancer Society
 BP Koirala Memorial Cancer Hospital, Nepal
 Breast Cancer Welfare Association, Malaysia
 Cancer Aid and Research Foundation, India
 Cancer Centre Welfare Home and Research Institute, India
 The Cancer Council ACT, Australia
 The Cancer Council Australia
 The Cancer Council New South Wales, Australia
 The Cancer Council Northern Territory, Australia
 The Cancer Council Queensland, Australia
 The Cancer Council South Australia
 The Cancer Council Tasmania, Australia
 The Cancer Council Victoria, Australia
 The Cancer Council Western Australia
 Cancer Institute (WIA), India
 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 (CACA)
 Chinese Medical Association
 Chinese Oncology Society, Taiwan, China
 Dharamshila Cancer Hospital and Research Centre, India
 Dr B Borooah Cancer Institute, India
 Ergene Public Foundation, Kyrgyzstan
 Fiji Cancer Society
 Foundation for Promotion of Cancer Research, Japan
 Fukuoka Cancer Society, Japan
 Gujarat Cancer and Research Institute, India
 Hokkaido Cancer Society, Japan
 Hong Kong Anti-Cancer Society, China
 Ho Chi Minh City Oncological Hospital, Vietnam
 Hope Society for Cancer Care, Taiwan, China
 Indian Cancer Society
 Indonesian Cancer Foundation
 Institute of Cytology and Preventive Oncology, India

Institute Rotary Cancer Hospital, India
 Japan Cancer Society
 Japan Lung Cancer Society
 Japan Society of Clinical Oncology
 Japanese Breast Cancer Society
 Japanese Cancer Association
 Japanese Foundation for Multidisciplinary Treatment of Cancer
 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
 Meherbai Tata Memorial Hospital, India
 Ministry of Health, Indonesia
 Ministry of Health, Pakistan
 Miyagi Cancer Society, Japan
 National Breast and Ovarian Cancer Centre, Australia
 National Cancer Centre, Japan
 National Cancer Centre, Korea
 National Cancer Centre, Singapore
 National Cancer Council (MAKNA), Malaysia
 National Cancer Institute, Thailand
 National Cancer Institute, Vietnam
 National Cancer Society of Malaysia
 National Oncological Centre, Mongolia
 Nepal Cancer Relief Society (NCRS)
 Netaji Subhash Chandra Bose Cancer Research Institute, India
 Niigata Cancer Centre, Japan
 Osaka Cancer Foundation, Japan
 Osaka Medical Centre for Cancer and Cardiovascular Diseases, Japan
 Pakistan Atomic Energy Commission
 Peter MacCallum Cancer Institute, Australia
 Philippine Cancer Society
 Princess Takamatsu Cancer Research Fund, Japan
 Prostate Cancer Foundation of Australia
 Rajiv Gandhi Cancer Institute and Research Centre, India
 Ruby Hall Clinic Kamalnayan Bajaj Cancer Centre, India
 Saitama Cancer Centre, Japan
 Sapporo Cancer Seminar Foundation, Japan
 Sasaki Institute and Foundation, Japan
 Science Council of Japan
 Shaikat Khanum Memorial Cancer Hospital and Research Centre, Pakistan
 Shizuoka Cancer Centre, Japan
 Singapore Cancer Society
 Taiwan Cancer Foundation, Taiwan, China
 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, Netherlands
 Action Cancer, UK
 Asociación Española Contra el Cáncer, Spain
 Association of Patients with Oncological Diseases and Friends, Bulgaria
 Association PAVEL, Romania
 Association of Slovenian Cancer Societies
 Associazione Italiana di Oncologia Medica, Italy
 Associazione Italiana Malati di Cancro Parenti e Amici, Italy
 Associazione Italiana per la Ricerca sul Cancro, Italy



Member on

August Kirchenstein Institute of Microbiology and Virology, Latvia
 Bulgarian National Association of Oncology
 Cancer Research UK
 Cancer Society in Stockholm, Sweden
 Cancer Society of Finland
 Centre d'oncologie Léon Bérard, France
 Centre Georges-François Leclerc, France
 Centre régional François Baclesse, France
 Centre régional Jean Perrin, France
 Centro di Prevenzione Oncologica, Italy
 Centro di Riferimento Oncologico, Italy
 Centro per lo Studio E la Prevenzione Oncologica, Italy
 Cochrane Cancer Network, UK
 Croatian League against Cancer
 Danish Cancer Society
 Deutsche Krebsgesellschaft, Germany
 Deutsche Krebshilfe, Germany
 Deutsches Krebsforschungszentrum, Germany
 Dutch Association of Comprehensive Cancer Centres
 Dutch Cancer Society
 Een Häere fir Kriibskrank Kanner, Luxembourg
 Epidaure CRLC Val d'Aurelle-Paul Lamarque, France
 Estonian Cancer Society
 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 of Therapeutic Radiology and Oncology
 Federació Catalana d'Entitats contra el càncer, Spain
 Fédération nationale des centres de lutte contre le cancer (FNCLCC), France
 Fondation contre le Cancer / Stichting tegen Kanker, Belgium
 Fondazione De Benedetti - Cherasco 1547, Italy
 Fondazione Edo ed Elvo Tempia Valenta, Italy
 Fondazione IRCCS Istituto Nazionale dei Tumori, Italy
 Hellenic Cancer Society, Greece
 Hellenic Society of Oncology, Greece
 Hungarian League Against Cancer



Member organizations

Icelandic Cancer Society
 Institut Català d'Oncologia, Spain
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 Institut Gustave Roussy, France
 Institut national du cancer, France
 Institut Paoli Calmettes, France
 Institute of Cancer Research, UK
 Institute of Oncology, Bucharest, Romania
 Institute of Oncology, Ljubljana, Slovenia
 Instituto Português de Oncologia de Francisco Gentil, Portugal
 International Hereditary Cancer Centre, Poland
 Irish Cancer Society
 ISREC Fondation/Stiftung/Foundation, Switzerland
 Istituto di Ricerche Farmacologiche "Mario Negri", Italy
 Istituto Nazionale per la Ricerca sul Cancro, Italy
 Istituto Nazionale per lo Studio e la Cura dei Tumori. Fondazione "G Pascale", Italy
 Istituto Oncologico Romagnolo, Italy
 Istituto Superiore di Oncologia, Italy
 Kidney Cancer Research Bureau, Russia
 Krebsliga Schweiz / Ligue suisse contre le cancer / Lega Svizzera Contro il Cancro, 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
 Lymphoma Coalition, UK
 Macmillan Cancer Relief, UK
 Marie Keating Foundation, Ireland
 Ministère de la Santé, Luxembourg
 National Cancer Centre of Georgia
 NN Blokhin Cancer Research Centre, Russia
 NN Petrov Research Institute of Oncology, Russia
 Norwegian Cancer Society
 Oncologic Centre Antwerp, Belgium
 Paterson Institute for Cancer Research, UK
 Polish Oncological Society, Poland
 Regina Elena Cancer Institute, Italy
 Serbian Society for the Fight against Cancer
 Slovak League against Cancer
 Swedish Cancer Society

Ulster Cancer Foundation, UK
 Università degli Studi dell' Insubria, Italy
 Westdeutsches Tumorzentrum, Germany
 World Cancer Research Fund, UK

Latin America and Caribbean

Ary Frauzino Foundation for Cancer Research and Control, Brazil
 Asociación Hondureña de Lucha contra el Cáncer, Honduras
 Asociación Mexicana de Lucha Contra el Cáncer, Mexico
 Asociación Nacional Contra el Cáncer, Panama
 Asociación Salvadoreña para la Prevención del Cáncer, El Salvador
 Associação Brasileira Assistencia aos Cânceros, Brazil
 Comisión Honoraria de Lucha contra el Cáncer, Uruguay
 Fundação Oncocentro de São Paulo, Brazil
 Fundación Boliviana Contra el Cáncer, Bolivia
 Fundación Chilena para el Desarrollo de la Oncología, Chile
 Fundación Hondureña para el Niño con Cáncer, Honduras
 Grupo Brasileiro de Estudos do Câncer, Brazil
 Hospital de Clínicas "Dr Manuel Quintela", Uruguay
 Instituto Brasileiro de Contrôlo do Câncer, Brazil
 Instituto de Enfermedades Neoplásicas, Peru
 Instituto Nacional do Câncer, Brazil
 Instituto Nacional de Cancerología, Colombia
 Instituto Nacional de Cancerología, Mexico
 Instituto Nacional de Oncología y Radiobiología, Cuba
 Instituto Oncologico Henry Moore, Argentina
 Liga Argentina de Lucha Contra el Cáncer, Argentina
 Liga Bahiana Contra o Câncer, 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
 Liga Nacional Contra el Cáncer Guatemala/ Piensa
 Liga Nacional Contra la Leucemia y el Cancer en el Niño, Nicaragua
 Liga Peruana de Lucha Contra el Cáncer, Peru
 Oncosalud, Peru
 Patronato Cibaëño Contra el Cáncer, Dominican Republic
 Sociedad Anticancerosa de Venezuela
 Sociedad de Lucha contra el Cáncer, Ecuador
 Sociedad Latinoamericana y del Caribe de Oncología Médica
 Sociedad Mexicana de Oncología, Mexico
 Sociedad Peruana de Cancerología, Peru
 Sociedad Peruana de Oncología Médica, Peru
 Sociedade Brasileira de Cancerologia, Brazil
 Trinidad and Tobago Cancer Society
 University of São Paulo, Brazil

Middle East

Bahrain Cancer Society, Bahrain
 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 Suppliers of Human Relief
 Israel Cancer Association
 King Faisal Specialist Hospital and Research Centre Jeddah, Saudia Arabia

King Hussein Cancer Centre, Jordan
 King Hussein Institute for Biotechnology and Cancer, Jordan
 Kuwait Society for Smoking and Cancer Prevention
 Lebanese Cancer Society
 MAHAK Society To Support Children Suffering From Cancer, Iran
 Ministry of Health, Saudi Arabia
 Ministry of Health, Oman
 National Cancer Control Foundation, Yemen
 Patient's Friends Society-Jerusalem (a Palestinian NGO)
 Qatar National Cancer Society
 Research Centre of Gastroenterology and Liver Transplantation, Iran
 Saudi Cancer Society, Saudi Arabia
 Syrian Cancer Society
 Turkish Association for Cancer Research and Control

North America

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

International

International Brain Tumour Alliance
 International Confederation of Childhood Cancer Parent Organizations
 International Extranodal Lymphoma Study Group
 International Psycho-Oncology Society
 Ludwig Institute for Cancer Research

As of August 2008

David Hill

President-elect

An Australian, Dr David Hill was educated in Tasmania and Victoria, where he completed his PhD in psychology at the University of Melbourne. He is married, with four adult sons, and his wife Ann is a medical historian.

Dr Hill appreciated early in his career at the Cancer Council Victoria (then the Anti-Cancer Council of Victoria) that applying insights and methods of behavioural science would enhance the effectiveness of public communication programmes to change cancer-related behaviours such as smoking, prompt reporting of cancer warning signs and participation in screening.

In 1986, he was appointed as founding director of the Centre for Behavioural Research in Cancer at the Anti-Cancer Council of Victoria. This was a unique concept at the time for it located a group of full-time behavioural researchers inside a cancer control organization. The intention was to co-locate researchers and health promotion staff to maximize the adoption of research into practice as well as to ensure research problems addressed were relevant to the needs of prevention programmes. The model was considered successful and taken up elsewhere, mostly by UICC member organizations in other states of Australia, North America, and Europe. More information on the centre can be found at www.cancervic.org.au



Dr Hill's first association with UICC was in 1976, when he was asked to lead the UICC project on doctor involvement in public education about cancer. This project ran until 1990 and resulted in a monograph and a number of regional training activities, including workshops in Milan, Manchester, Athens, Venezuela, and Israel. Then, as now, medical doctors and in particular family physicians were seen as vital channels of effective communication of prevention and screening messages. From 1990 to 1994, he also led the UICC project on behavioural science applications in cancer pre-

vention, which conducted training workshops in Amsterdam and Halifax (Canada).

He was a member of the UICC's Campaign Organization Public Education and Support (COPES) programme between 1976 and 1996. Under the aegis of COPES, Dr Hill ran the first World Conference for Cancer Organizations in Melbourne in 1996. The World Conference subsequently met in Atlanta, Georgia (USA), Brighton (England), and Dublin (Ireland) before it was combined with the long-standing International Cancer Congress and became the World Cancer Congress in Washington DC in 2006.

Dr Hill is a professor at three Australian universities – the University of Melbourne, Monash University, and Deakin University. He has published over 200 scientific papers in areas such as smoking, screening behaviour, sun protection and patient support.

In 2001, he received a national honour and became a Member of the Order of Australia (AM) for "services to the promotion of community health, particularly in the development of cancer awareness and prevention programmes".



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Global Cancer Control

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Curzio Ruegg (YY chair), Switzerland
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Evgeny Imyanitov, Russia
Tetsuo Noda, Japan
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Trish Greene cancer nursing workshops

Kristine B LeFebvre, USA

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(as of 13 December 2007)

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Azmat Sadozye, Pakistan
Yogendra Sapru, India
Werner Scheithauer, Austria
Freddy Sitas, Australia
R Stein, UK
Ann Steyn, South Africa
Kari Syrjanen, Finland
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Peter Sharp, UK
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Guy Storme, Belgium
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Robert Stuart, UK
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Christer Sundstrom, Sweden
Andrew Sykes, UK
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Joel Tepper, USA
Bruce Thomadsen, USA
Kurt Tourmoy, Belgium
G Tozer, UK
Dimitrios Trichopoulos, USA
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Martin Van den Bent, the Netherlands
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Jingde Zhu, China
A Gianella, USA
LU Krebs, USA
Elizabeth Owens, USA
Emily Ang, Singapore
Sabine Perrier-Bonnet, France
Virginia LeBaron, USA
Julia Mercedes Challinor, USA
Sarah Hope Kagan, USA
Mary Schwarz McCabe, USA
Nancy E Kline, USA
Nessa Coyle, USA
Erika Maria Monteiro Santos, Brazil

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Nancy Houlihan, USA
Myrna McLaughlin Anderson, Panama
Winnie So, China
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 Bruno Meili, Switzerland
 Claire Neal, USA
 Paul Ndom, Cameroon
 Xi-shan Hao, China

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|----------------|--------|--|-----------|--------|------------------------------|
| Algeria | ICR | Kenida, Said | | TCS | Labib, Nargis |
| Argentina | YY | Diaz, Maria del Pilar | | ICR | Nazmy, Mohamed |
| | ICR | Girotti, Maria | | ICR | Shouman, Tarek |
| | ICR | Pelisch, Federico | Estonia | ICR | Nelis, Mari |
| | TCS | Sebrie, Ernesto | France | YY | Feunteun, Jean |
| Armenia | ICR | Hovhannisyann, Ruben | | ICR | Metellus, Philippe |
| Australia | YY | Clyne, Colin Douglas | Georgia | ICR | Kartvelishvili, Nino |
| | ICR | Gan, Pei Pei | Germany | YY | Klein, Christoph |
| | ICR | Jones, Mathew | | ICR | Seliger, Barbara |
| Belarus | ICR | Serhiyenka, Tatsiana | Guatemala | TCS | Oliva Pozuelos, Dora |
| Brazil | ICR | De Oliveira Meireles da Costa, Nathalia | India | ICR | Abraham, Deepak |
| | ICR | Silva, Marcus | | ICR | Abraham, Elizabeth |
| | ICR | Werner, Betina | | ICR | Agrawal, Sushma |
| Bulgaria | ICR | Georgieva, Milka | | ICRR | Balakrishnan, Rajan |
| Cameroon | ICR | Ikomey, George | | APC | Bapat, Aditi |
| Canada | ICR | Hanna, Timothy | | ACS | Basu, Sandip |
| | ICR | Page, Michel | | ICR | Bose, Sudhakar |
| Chile | TCS | Castillo, Rosario | | ICR | Chatterjee, Indranil |
| | ICR | Torrente, Mariela | | ICR | Deb, Prabal |
| China | ICR | Cao, Junning | | ICR | Dubey, Deepak |
| | ICR | Chen, Jinfeng | | ICR | Ganesan, Padma |
| | ICR | Ling, Hong | | YY | Gangane, Nitin |
| | ICR | Yu, Lei | | ICR | Haniball, Jikku |
| Colombia | ICR | Rodriguez Garcia, Josefa | | ICRR | Jagadeesan, Marimuthu |
| Croatia | ICR | Ibrahimasic, Tihana | | ICR | Jheeta, Kuldeep |
| Cuba | ICR | Alvarez Guerra, Sandra | | ICR | Kalra, Naveen |
| | ICR | Cedeño Arias, Mercedes | | ICR | Kishore, Somanathan |
| | ICRR | Fernandez Garrote, Leticia | | ICR | Krishnamurthy, Nathan |
| | ICR | Fors, Martha | | ICR | Krishnan Nair, Chandra Mohan |
| | ICR | Garcia Verdecia, Beatriz | | ICRR | Kumar, Alok |
| | ICR | Menendez Alejo, Ibis | | ICR | Mishra, Deepak Kumar |
| | ICR | Montenegro, Alexander | | APC | More, Neeta |
| | ICR | Rodriguez Nunez, Olga | | ICR | Munjali, Kavita |
| | ICR | Roque Navarro, Lourdes | | ICR | Mynampati, Dinesh |
| | ICR | Tejuca Martinez, Mayra | | ICR | Narang, Subina |
| Cyprus | ICRR | Komodiki, Charitini | | ICR | Narayanan, Kannan |
| Czech Republic | ICR | Knizetova, Petra | | ICR | Odedra, Parbat |
| Egypt | ICR | Abd Al-Moez Ramadan, Mostafa | | ICR | Patel, Aarti |
| | ICR | Ahmad, Mohamed | | ICRR | Pati, Uttam |
| | ICR | Ellabban, Mohamed | | ICR | Pelagade, Satishkumar |
| | ICR | Ismail, Emam | | ICR | Pillai, Sreekumar |
| | | | | TCR | Ralhan, Ranju |



| Country | Scheme | Country | Scheme |
|-------------|---|---|----------------------|
| | ICR Ramanathapuram Venkatasubramaniam, Parameswaran | | YY Poplawski, Tomasz |
| | APC Rangarajan, Vijaya | ICR Zolnierowicz, Joanna | |
| | YY Sengupta, Suparna | Romania ICR Lotrean, Lucia Maria | |
| | ICR Shanti, Parasuram | ICR Neghina, Adriana-Maria | |
| | ICR Sharma, Daya | Russia ICR Aushev, Vasiliy | |
| | APC Sharma, Raj | ICR Iyevleva, Aglaya | |
| | ICR Singh, Avninder | Serbia & Montenegro ICR Panjkovic, Milana | |
| | ICR Singh, Bhuvnesh | Singapore ICR Villegas, Mariflor | |
| | ICR Sreekumar, C. | Slovakia ICR Cipak, Lubos | |
| | ICR Srinivasan, Karthikeyan | ICR Wessels, Glynn | |
| | ICR Surendran, Natarajan | ICR Rennstam, Karin | |
| | ICR Thakar, Alok | YY Sangfelt, Olle | |
| Indonesia | TCS Soerojo, Widyastuti | Switzerland ACS Riesterer, Oliver | |
| Iran | ICR Entezari, Vahid | Tanzania TCS Kagaruki, Lutgard | |
| | ICR Haddad, Peiman | Thailand ICR Attasara, Pattarawin | |
| Israel | YY Ast, Gil | TCS Charoenca, Naowarut | |
| | ICR Pichinuk, Edward | Turkey YY Akbulut, Hakan | |
| Italy | YY Lupi, Monica | ICR Alimoglu, Emel | |
| | YY Molinaro, Eleonora | ICRR Deniz, Gunnur | |
| | ICR Piccin, Daniela | ICR Satiroglu-Tufan, N. Lale | |
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| | ICR Sgura, Antonella | TCS Tumwine, Jaqueline | |
| Jordan | ICR Abdullah, Sameer | Ukraine ICR Gryshkova, Vitalina | |
| | ICR Alzaben, Abdulhadi Ismail | ICR Malanchuk, Oksana | |
| | ICR Samer, Al-Geizawi | UK ICR Smith, Kevin | |
| Kenya | TCS Kitonyo, Rachel | ICR Stephens, Nathan | |
| Lithuania | TCS Veryga, Aurelijus | USA ICR Rabi, Thangaiyan | |
| Malaysia | TCS Tan, Yen Lian | ICR Yuan, Zi | |
| Moldova | TCS Tataru, Victoria | ICR Stanbridge, Eric | |
| Nepal | APC Mainali, Ram Nath | ICR Suárez Hurtado, Benny | |
| | APC Pariyar, Sita | ICR Bui Duc, Tung | |
| | ICR Regmi, Surendra | ICR Nguyen, Dieu Linh | |
| | ICR Sapkota, Shiva | ICR Nguyen, Van Thanh | |
| | ICR Thakur, Binay | | |
| Netherlands | ICR Borst, Gerben | | |
| | ICR Castermans, Karolien | | |
| | ICR Van der Gun, Bernardina | | |
| Nigeria | ICR Abdulkareem, Fatimah | | |
| | ICR Adewole, Olanisun | | |
| | ICR Aniagwu, Toyin Ibronke Grace | | |
| | TCS Ogbara, Nurudeen | | |
| | ICR Olusina, Daniel | | |
| | TCS Oyegbile, Olayinka | | |
| | ICR Titiloye, Nicholas | | |
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| | ICR Sabih, Zahida | | |
| | TCS Zehra, Kaneez | | |
| Peru | ICR Rios, Pedro | | |
| Philippines | TCS Trinidad, Florante | | |
| Poland | ICR Kepka, Lucyna | | |

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

Financial report 2007

Report of the treasurer



Dr Mary Gospodarowicz
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 2007 financial statements were audited by PricewaterhouseCoopers SA, who are satisfied that the accounting records comply with Swiss law and UICC's statutes and bye-laws and recommend that the financial statements be approved (see page 38).

Income

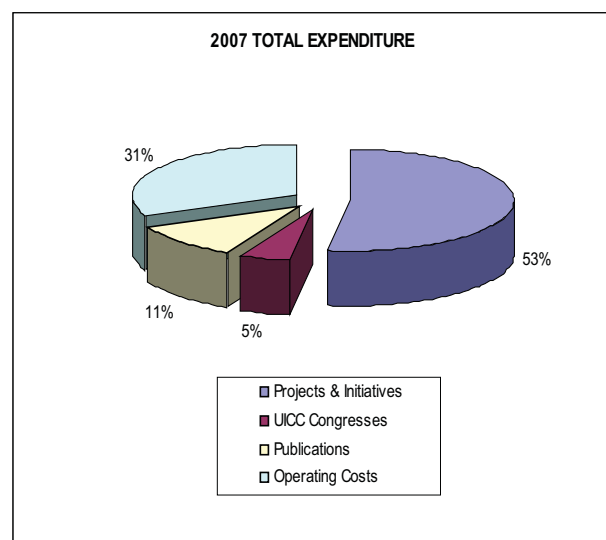
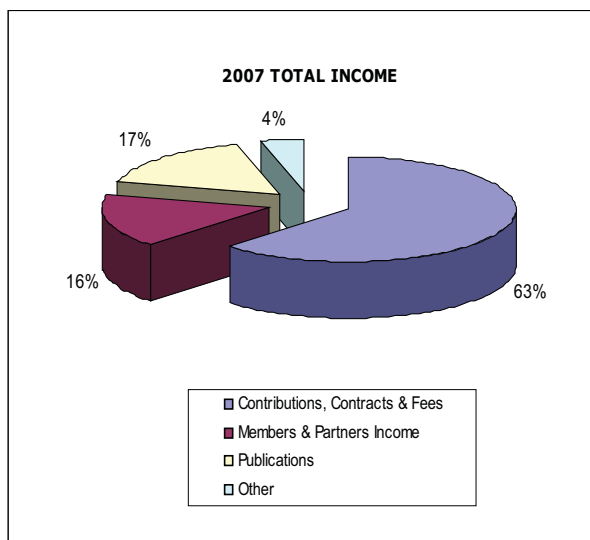
Total unrestricted and restricted income in 2007 amounted to US\$8,356,566, compared with US\$7,721,190 in 2006.

Unrestricted income, which mainly covers the operations of the UICC secretariat, amounted to US\$2,421,491. Unrestricted dues and contributions received from UICC member organizations declined by approximately 20% from the previous year to US\$900,080 but

remained the single most important unrestricted contribution to revenue. Following the modification of the concept of national subscriptions, some members reallocated their voluntary contributions to the newly established Solidarity Fund and designated programmes. During the reporting year, 15 organizations terminated their membership and 25 organizations joined UICC. At the end of 2007, membership stood at 286 organizations across 93 countries.

Thanks to the acquisition of several new corporate partners, income from corporate partners increased considerably to US\$335,855 and has become an additional important source of unrestricted income.

Publications income received by UICC amounted to US\$763,460 and derives primarily from royalties received from John Wiley and Sons (now Wiley-Blackwell), the publisher of UICC's *International Journal of Cancer*.





Tax status

In 2007 UICC also benefited from a final payment of US\$250,000 from the American Cancer Society as the local organizer of the World Cancer Congress 2006.

Restricted income, which is designated for specific programmes and activities, increased considerably from 2006 to US\$5,935,075. The increase in income was primarily due to funds secured for the World Cancer Congress 2008 and the World Cancer Campaign and funds received for the newly established capacity-building fund (US\$178,057) and solidarity fund (US\$76,943).

In 2007, UICC received contributions from over 40 donors around the world in support of its different projects.

Expenditure

Total unrestricted and restricted expenditure in 2007 amounted to US\$6,651,852, by comparison with US\$7,618,716 in 2006.

Unrestricted expenditure related to UICC's operating costs declined moderately, from US\$2,409,202 in 2006 to US\$2,309,292. During the reporting year there were no particular one-off events requiring additional expenditure, and costs could be kept well within the annual budget.

The unrestricted accounts for the year show a net surplus of US\$112,198, which means that UICC was able to save a portion of the unrestricted income received in 2007 as a reserve for its operations in 2008.

Restricted expenditure for programmes and publications amounted to US\$4,342,559, by comparison with US\$5,209,513 in 2006.

As 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 forward cash balances from 2006 that contributed to covering expenditure incurred in 2007.

Fund balances and reserves

Thanks to net savings in the unrestricted accounts, the unrestricted free fund balance increased moderately to US\$1,130,575 at the end of 2007. This also included an allocation of US\$50,000 to the statutory reserves, which stood at US\$300,000 at year end.

The fund balances for the restricted accounts reflected the increase in the income received for activities that are still in process (for example, the World Cancer Congress 2010 and the World Cancer Campaign). Accordingly the restricted fund balances increased significantly and stood at US\$3,792,608 at year end.

The finance committee met regularly during 2007 to ensure, together with the treasurer, that UICC's finances are effectively used and managed.

We thank all UICC member organizations for their loyal support. It is essential for 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 strategic activities.

We also take this opportunity to express our gratitude to all our donors and supporters (see page 40), without whom 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, UICC has been exempted from income tax by the Swiss tax authorities. 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.

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, 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).



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Auditors' report
to the Board of Directors of
International Union against Cancer
Geneva

As auditors, we have audited the accounting records and the financial statements (balance sheet, statement of support, revenue and expenses and changes in fund balances, statement of functional expenses and notes) of International Union against Cancer for the year ended December 31, 2007. The prior-year financial statements were audited by another auditor. In their audit report dated 30 April 2007, the former auditor has issued an unqualified opinion.

These financial statements are the responsibility of UICC's Board of Directors. 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 Swiss auditing standards as well as with International standards on auditing which require that an audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from 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 statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the accounting records and financial statements comply with Swiss law, the statutes and the bylaws of the association

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

PricewaterhouseCoopers SA


Philippe Tzaud
Auditor in charge


David Marchand

Geneva, April 18, 2008

Enclosure:

- Financial statements (balance sheet, statement of support, revenue and expenses and changes in fund balances, statement of functional expenses and notes)



Balance sheet at 31 December in US Dollars

| | 2007 | 2006 |
|-------------------------------------|------------------|------------------|
| ASSETS | | |
| Current accounts | 661,078 | 186,464 |
| Time deposits | 4,131,543 | 2,725,781 |
| Membership dues, net | 12,511 | 28,600 |
| Related parties | 42,023 | 23,732 |
| Other receivable | 200,353 | 80,073 |
| Prepaid expenses | 10,159 | 5,274 |
| Total current assets | 5,057,667 | 3,049,924 |
| Financial investments | 750,000 | 750,000 |
| Fixed assets, net | 59,216 | 44,598 |
| Total non current assets | 809,216 | 794,598 |
| TOTAL | 5,866,883 | 3,844,522 |
| LIABILITIES | | |
| | 2007 | 2006 |
| Accounts payable & accrued expenses | 307,651 | 194,695 |
| Reserve for restricted currencies | 16,293 | 14,267 |
| Other liabilities | 17,915 | 37,927 |
| Total current liabilities | 341,859 | 246,889 |
| Fund balance - unrestricted | 1,130,575 | 1,068,376 |
| Statutory reserve - unrestricted | 300,000 | 250,000 |
| Trust funds - restricted | 3,792,608 | 2,200,091 |
| Translation difference | 301,841 | 78,066 |
| Total fund balances | 5,223,183 | 3,518,467 |
| TOTAL | 5,866,883 | 3,843,422 |

The figures presented on this page are a summary of the financial statements of UICC. A complete set of the audited financial statements for 2007, including accompanying notes, may be obtained on request from the secretariat in Geneva.

Income and expenditure in US Dollars

| | 2007 | | | 2006 | | |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | Unrestricted | Restricted | Total | Unrestricted | Restricted | Total |
| Income | | | | | | |
| Contributions, Contracts & Fees | (272,656) | (4,948,668) | (5,221,324) | (480,489) | (4,255,853) | (4,736,342) |
| Membership dues | (900,080) | (132,007) | (1,032,088) | (1,130,116) | | (1,130,116) |
| Corporate Partnerships | (335,856) | | (335,856) | (206,275) | | (206,275) |
| Publications | (770,784) | (650,878) | (1,421,662) | (858,509) | (540,885) | (1,399,394) |
| Others | (142,115) | (203,522) | (345,638) | (124,651) | (124,412) | (249,064) |
| TOTAL INCOME | (2,421,491) | (5,935,076) | (8,356,567) | (2,800,040) | (4,921,150) | (7,721,190) |
| Expenditure | | | | | | |
| Projects and initiatives | 211,970 | 3,265,451 | 3,477,421 | 251,883 | 4,528,120 | 4,780,003 |
| UICC congresses | 0 | 329,619 | 329,619 | 177,326 | 41,179 | 218,506 |
| Publications | 10,060 | 747,490 | 757,550 | 9,123 | 640,215 | 649,337 |
| Operating costs | 2,087,263 | 0 | 2,087,263 | 1,970,870 | 0 | 1,970,870 |
| TOTAL EXPENDITURE | 2,309,292 | 4,342,560 | 6,651,852 | 2,409,203 | 5,209,514 | 7,618,716 |
| Income (over) under expenditure | (112,199) | (1,592,516) | (1,704,715) | (390,837) | 288,363 | (102,474) |
| Fund balances, beginning of year | (1,068,377) | (2,200,091) | (3,268,468) | (727,540) | (2,488,454) | (3,215,994) |
| Allocation to statutory reserve | 50,000 | 0 | 50,000 | 50,000 | | 50,000 |
| Fund balances, end of year | (1,130,575) | (3,792,607) | (4,923,182) | (1,068,377) | (2,200,091) | (3,268,468) |

Contributors 2007

US dollars

| | |
|--|---------|
| American Cancer Society | 819,001 |
| Pfizer Global Health Partnerships, USA | 535,000 |
| Centres for Disease Control & Prevention, USA | 371,499 |
| Cancer Research UK | 278,755 |
| Merck & Co, USA | 275,000 |
| MDS, Canada | 273,251 |
| National Cancer Institute, USA | 225,000 |
| UICC International Cancer Foundation, Switzerland | 196,721 |
| John Wiley & Sons, USA | 195,000 |
| Bristol-Myers Squibb, USA | 189,470 |
| Novartis, Switzerland | 186,568 |
| Japan National Committee for UICC | 150,000 |
| Swedish Cancer Society | 102,733 |
| Pfizer, USA | 85,000 |
| Ajahma Charitable Trust, UK | 78,547 |
| GlaxoSmithKline, UK | 110,000 |
| European Community | 73,650 |
| Sanofi-aventis, France | 68,372 |
| Deutsche Krebshilfe, Germany | 60,000 |
| Susan G Komen for the Cure, USA | 50,000 |
| Bill and Melinda Gates Foundation, USA | 49,705 |
| Ligue nationale contre le cancer, France | 46,142 |
| Furana Foundation, Liechtenstein | 40,984 |
| Digene, Switzerland | 40,000 |
| Johnson & Johnson, USA | 30,800 |
| American Society of Clinical Oncology | 30,000 |
| Oncology Nursing Society, USA | 30,000 |
| Swiss Cancer League | 30,000 |
| National Cancer Institute, Canada | 28,000 |
| Eli Lilly, USA | 27,149 |
| Dutch Cancer Society | 27,032 |
| Cancer Council Australia | 22,200 |
| Associazione Italiana per la Ricerca sul Cancro, Italy | 18,000 |
| Heng Rui Pharmaceuticals, China | 17,000 |
| Israel Cancer Association | 14,000 |
| Danish Cancer Society | 11,000 |
| Cancer Society of Finland | 6,833 |
| World Cancer Congress 2008 | |
| Federal Office of Public Health, Switzerland | 122,951 |
| Oncosuisse, Switzerland | 81,967 |
| Swiss Cancer League | 81,967 |
| European School of Oncology, Italy | 80,956 |
| Other congress contributions and income | 394,270 |
| Cancer capacity-building fund | 178,058 |
| Solidarity fund | 76,943 |
| Sundry contributions | 2,656 |
| Royalties | |
| International Journal of Cancer | 763,460 |
| Other publications | 7,324 |

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