Bridging the gap
Annual Report
2006
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Daffodil Day 2006 in Ireland: Sarah Curtin with TV presenter Craig Doyle. Photo courtesy of the Irish Cancer Society, a UICC member organization

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

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## About UICC

The International Union Against Cancer (UICC) is the leading non-governmental organization dedicated to the global control of cancer. Founded in 1933, it is an independent association of over 280 member organizations in 90 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.

### Mission

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

### Vision

UICC’s vision is of a world where cancer is eliminated as a major life-threatening disease for future generations.
From the President and the Executive Director

Cancer is the second leading cause of death worldwide, claiming more than twice as many lives as AIDS.

The human cost of cancer is high. Every death from the disease means a family bereaved, a workforce diminished, a community deprived.

The economic burden is also heavy. We need to count not just the soaring cost of cancer treatment, but also the cost of productivity lost through illness and death.

In 2005, according to the National Institutes of Health, the United States spent $74 billion on cancer care, but the total cost of cancer was almost $210 billion.

Precise figures for other societies are more difficult to obtain, but no one doubts that cancer costs billions of dollars in every region of the world. All the predictions tell us that without effective intervention now, its costs will increase dramatically; but strategic investment in cancer prevention and control offers significant economic benefits – and nowhere more than in the developing world. Health isn’t just a by-product of economic growth. It is one of the key determinants of economic development and poverty reduction.

Reducing the personal, social and economic impacts of cancer requires investment in prevention and early detection, with effective strategies to reduce the number of new cancers. It also requires better coordination of treatment and care, with effective strategies to improve outcomes and quality of life.

We must prevent what is preventable, cure what is curable, improve patient care, and manage for success.

The World Health Organization has proposed a global goal of reducing chronic disease death rates by 2% each year from now to 2015. Achieving this goal would avert about 8 million of the projected 84 million deaths due to cancer in the next decade, with an appreciable impact on economies everywhere.

Exclusively dedicated to cancer control globally, the International Union Against Cancer and its members play a critical role in raising awareness of the cancer problem, advocating and implementing prevention, early detection, cure and care interventions, and helping decision-makers to recognize the need for planning.

In 2006, UICC restructured its governance. The General Assembly prior to UICC’s World Cancer Congress in Washington DC in July replaced the former Council and Executive with a new, 17-person Board of Directors.
We are deeply grateful to John R Seffrin for his service as UICC’s President from 2002 to 2006 and to all who served with him.

We are grateful, also, to our out-going Strategic Leaders: Dr Yussuf Saloojee, Dr Kenneth Nilsson and Dr Robert Burton. We welcome the new Strategic Leaders appointed in Washington, DC: Dr Jeff Dunn, Dr Joe Harford, Luk Joossens and Dr Kazuo Tajima, who now join Dr Hélène Sancho-Garnier in the strategic leadership team.

Investment in comprehensive cancer prevention and control is a challenge all countries face in the coming decade. Within the next 10 years, UICC would like to see as many countries as possible with a national cancer control strategic plan.

But even the most challenging journey begins with the first step. The World Cancer Declaration endorsed at UICC’s World Cancer Congress in July 2006 sets out 10 practical steps that the global cancer control community can take immediately. Together we can make a difference!

Dr Franco Cavalli
UICC President

Isabel Mortara
UICC Executive Director

Cancer prevention starts now

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 40% of all cancer cases worldwide – over 4 million cases each year!

Some of the most important modifiable risk factors for cancer to avoid are tobacco use, exposure to second-hand smoke, unhealthy diet, physical inactivity, overweight and obesity, hepatitis B and HPV infection, and exposure to ultraviolet radiation.

In December 2006, UICC announced “Today’s children, tomorrow’s world”, the second phase in its World Cancer Campaign. Building on the success of the “My child matters” initiative, UICC will work with its members and partners in a five-year cancer prevention campaign, focusing in particular on parents.

The campaign will target parents, 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 (e.g. HBV and HPV vaccines)
- Teach children and teenagers to avoid UV exposure by being “sun smart”

In the course of the campaign, UICC will help its members and partners to run public awareness campaigns in their countries and measure their effectiveness, and will promote regional education and mobilization projects, with dedicated funding for low-and middle-income countries.

“Today’s children, tomorrow’s world” will run until 2012. For more information, contact campaigns@uicc.org
Milestones

Dr Margaret Chan

January
New Year’s Day is the first of five application deadlines for UICC International Cancer Fellowships, 163 of which are awarded in 2006. UICC calls for bids to host the World Cancer Congress in 2010 and 2012. Nominations close for the new UICC Board of Directors, to be elected at the General Assembly in July.

February
Almost 100 organizations take part in World Cancer Day, coordinated by UICC, and focusing on childhood cancer under the banner, “My child matters”. UICC participates in a ribbon-cutting ceremony for Turkey’s first Hope Lodge, offering low-cost accommodation to cancer patients and their families.

March
Scotland goes smoke-free. Uruguay becomes the first completely smoke-free country in the Americas. The UICC Executive Committee proposes a new conference secretariat to organize the World Cancer Congress and selects Geneva as the Congress site in 2008. A German-language edition of UICC’s Evidence-Based Cancer Prevention handbook for European NGOs is published. A workshop in Buenos Aires, Argentina, on clinical applications of flow cytometry and molecular biology in haematological malignancies is one of 11 training workshops organized under the new ICRETT scheme (see page 22). The UICC secretariat moves to new offices at 62 route de Frontenex, Geneva.

April
The International Agency for Research on Cancer predicts about 16,000 cancer deaths from the nuclear fallout at Chernobyl twenty years earlier. UICC takes part in the inaugural meeting of partners in the International Atomic Energy Agency’s Programme of Action for Cancer Therapy (PACT). A new study in UICC’s International Journal of Cancer suggests that human papillomavirus (HPV) testing is more sensitive in detecting cervical cancer than cytology. Turkey’s first patient forum gives a voice to cancer patients and their families.

May
On World No Tobacco Day, UICC calls for action to tackle exposure to second-hand tobacco smoke worldwide, saying that countries like Ireland, Norway, New Zealand and Scotland that are 100% smoke-free set a new global standard for protection against environmental smoke.

June
Iceland votes for smoke-free bars and restaurants. WHO begins publication of its series, Cancer Control: knowledge into action, a guide for effective programmes, with a first module on planning. The US Food and Drug Administration licenses Gardasil, a new vaccine against cervical cancer and other diseases caused by HPV infection.

July
The World Cancer Congress, meeting in Washington, DC, endorses the World Cancer Declaration. The UICC General Assembly elects a new
Board of Directors (see inside front cover). UICC and the American Cancer Society establish the Relay for Life Cancer Fund. UICC launches *Cancer Basics for All* (an e-learning tool), Latin American and South Asian editions of its *Evidence-based Cancer Prevention* handbook, *National Cancer Planning Resources* for NGOs, and a web-based tool box for cancer information services (in partnership with the International Cancer Information Services Group).

**August**

For its 50th anniversary, the Menuhin Festival Gstaad chooses UICC as its exclusive humanitarian partner. Michael R. Bloomberg, Mayor of New York City, announces a global initiative to reduce tobacco use. The Oncology Nursing Society, USA, publishes *Women’s Health: A Resource Guide for Nurses*, a comprehensive tool for providing focused care.

**September**

The “My child matters” initiative, UICC’s childhood cancer programme, launches a second call for projects in resource-constrained countries. UICC presents the initiative at the 38th Congress of the International Society of Paediatric Oncology (SIOP) in Geneva, Switzerland.

**October**

UICC, its members and its support groups mark breast cancer awareness month – Pink October – with events worldwide. UICC’s Board of Directors adopts a position paper supporting a comprehensive global strategy to eliminate cervical cancer.

UICC’s Tobacco Academy welcomes its first intake of tobacco control students. The 4th Chinese Conference on Oncology, meeting in Tianjin, issues a declaration on cancer control.

**November**

Dr Margaret Chan is elected Director-General of WHO. France imposes a ban on smoking in workplaces and public places, with effect from February 2007. Northern Ireland announces that its smoke-free legislation will come into effect in April 2007. The new UICC Board of Directors meets in Geneva. UICC’s Reach to Recovery International holds its third Asia-Pacific breast cancer support conference in Mumbai, India. The UICC Asian Regional Office for Cancer Control is launched at the Asian Pacific Organization for Cancer Prevention conference in Bangkok, Thailand.

**December**

UICC co-hosts a Stop Cervical Cancer round table in London. The UK government announces that smoke-free legislation will take effect in England in July 2007. Two years after New Zealand went smoke-free, a government report shows that nine out of ten people in the country support the right to live and work in a smoke-free environment. UICC announces “Today’s children, tomorrow’s world”, the second phase in its World Cancer Campaign, to be launched on World Cancer Day 2007. At the end of the year, UICC membership stands at 277 organizations in 86 countries.

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**Join the Global Cancer Control Community**

Are you personally involved in cancer control, as a professional, an advocate, or a volunteer? In 2006, UICC announced the creation of a common interest group for individuals engaged in cancer control. This group – now named the Global Cancer Control Community – will be formally launched in 2007. We invite you to join the Global Community.

- Connect with colleagues worldwide
- Access cancer control expertise
- Advance cancer knowledge through dialogue with peers across the globe
- Access the new community website, hosted and managed by UICC
- Qualify for international awards recognizing personal excellence in cancer control
- Receive a regular cancer news digest, published in collaboration with John Wiley & Sons

For more information, write to membership@uicc.org or visit www.uicc-community.org
Congress declares its intent

The World Cancer Declaration adopted by the UICC World Cancer Congress and since translated into many languages is a declaration of intent, outlining specific actions the global cancer control community should take during the following two to three years:

- 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
- 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 with national cancer control programmes
- Increase the number of countries with viable and adequately funded cancer surveillance systems, including cancer registries
- Increase the number of countries implementing strategies that have been identified as successful in the WHO Framework Convention on Tobacco Control
- Develop a collaborative international plan for implementing HPV vaccination programmes in low- and middle-income countries where the burden of cervical cancer is high
- Integrate hepatitis B vaccination with other routine infant vaccinations, particularly in countries with high rates of liver cancer
- Adopt appropriate evidence-based guidelines for early detection and treatment programmes and tailor priority actions to different socio-economic, cultural and resource settings
- 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
- Develop and implement a process for monitoring these actions and developing future actions
Uniting the global cancer community

The UICC World Cancer Congress, held every two years, brings together the world’s leaders in the fight to control cancer. Leading clinicians, practitioners, government agencies and NGOs, patient-care providers and advocates, researchers and behavioural scientists and public health experts focus on transforming the latest knowledge into strategies that countries, communities, institutions and individuals can employ to reduce the cancer burden.

The World Cancer Congress took place back to back with the 13th World Conference on Tobacco OR Health, in Washington, DC, 8–15 July 2006. Thousands of cancer and tobacco control leaders crowded into the Washington Convention Centre for the two events, which sought to address the global cancer and tobacco burden and a sobering projected increase in cancer deaths worldwide. The World Cancer Congress focused on presenting scientific and behavioural research in the application of known cancer control strategies in a variety of settings. It was opened by former US President George HW Bush and former First Lady Barbara Bush, who serves as a goodwill ambassador for UICC.

Barbara Bush’s interest in cancer began with the death of a loved one: the loss of her daughter Robin to leukaemia 54 years ago. Since then, progress in childhood cancer diagnosis and treatment has turned an almost uniformly fatal group of malignancies, many of them unique to children, into a group where many cancers may be cured. But many children in the developing world have little or no access to effective cancer therapy and most children are still dying.

“Let no child be overlooked in the expanded global initiative to reduce the cancer threat,” Mrs Bush exhorted the Congress. “We will not consider our job done until we make surviving childhood cancer the rule, not the exception, in every corner of the world.”

Transforming knowledge into action

Three very different perspectives on transforming what we know about cancer into what we do about it were presented by Dr Leroy Hood, President of the Institute for Systems Biology, in Seattle, Washington, USA, Dr Edison Liu, Executive Director of the Genome Institute of Singapore, and Dr Ketayun A Dinshaw, Director of Tata Memorial Centre, India.

Systems biology studies the organism as an integrated and interacting network of genes, proteins and biochemical reactions, instead of analysing its individual aspects or components, Dr Hood said. This gives us a completely new approach to diagnostics, the identification of drug targets and prevention and

“The medical model is simply not enough to achieve desired public health outcomes when it comes to cancer and its control. We simply must move into new partnerships, advocacy, and the strengthening of public policy through tough governmental action.”

Former United States President George HW Bush
allows patients to play a far greater role in determining their own future health. Over the next two decades, a systems approach will usher in a new era of “P4 medicine” – predictive, pre-emptive, personalized and participatory – and the resulting digitalization of medicine will reverse the apparently inexorable increase in its costs, to the point where advances can be globalized across the world.

Speaking from the perspective of Asia’s newly industrialized countries, Dr Liu stressed the importance of governance and economics. Using the American model has been really a disastrous approach for many developing countries, he said. Singapore, a small country with no natural resources, has universal health coverage and a longevity comparable to that of the United States, and it does this with 3.2% of gross domestic product, compared with 15% in the US. In Singapore, the ministries of health, education, and trade and industry work closely together. “It’s not health they’re interested in, it’s economic development,” Dr Liu said.

Dr Dinshaw spoke from the perspective of billions of people in the third world and focused on how to grapple with the existing problems in developing countries at the same time as delivering state-of-the-art care.

Strategic health communication

“Any significant reduction in cancer deaths will come from prevention, not cure,” Benjamin Lozare, a Senior Associate at the Johns Hopkins Bloomberg School of Public Health, USA, told the plenary on strategic health communication. The strategic move is to increase cancer health literacy and competence. But this demands a change in our models of public health. We need to see households and communities as the primary producers of health and the goal of strategic health communication as helping them to do that. Communication is not a cost, but a worthwhile investment. In some instances, the best tools of medicine are television, radio, or newspapers, properly used to nurture appropriate values and healthy behaviour.

“Households and communities are the key actors in the fight against cancer,” Lozare said. “Let us share this vision: households, communities and cancer organizations all working together to enable everyone to have the knowledge and skills to defeat cancer.”

The power of public policy

“The great gains are to be made from policy changes that will affect communities at local, state or national level,” Michael Daube, Professor of Public Health Policy at Curtin University of Technology, Perth, Australia, told a plenary on the power of public policy. “But we must be professional in the way we set about these tasks, and crucially we must present a clear message and a united front, with a good understanding of the way decision-makers work and policy is made.”

Public policy is more and more recognized as a key factor in ensuring effective cancer control.

“We can use the power of public policy to enact legislation, influence funding decisions – whether for prevention, treatment or research – and constrain our opponents,” Daube said. “If we fail to use this tool, we’re as guilty of negligence as the clinician who fails to treat a patient.”

Our thanks

The World Cancer Congress was hosted by the American Cancer Society together with UICC. We congratulate and warmly thank ACS CEO John R. Seffrin and his team – Dr Harmon Eyre, Gerald Maburn, Mike Heron, Judy Shope, Susan Herrington, Allan Erickson, and many other colleagues – who worked long, hard and selflessly to contribute to its success.

And looking forward

This was the last World Cancer Congress to be organized primarily by a UICC member organization. In future, congresses will be managed directly by UICC, through a new conference secretariat created in the Geneva office.

The next World Cancer Congresses will be held in Geneva, Switzerland, in 2008, Beijing, China, in 2010 and Montréal, Québec, Canada, in 2012.
Awards

Four awards for excellence in global cancer control were presented at the UICC General Assembly dinner in Washington, DC, on 7 July.

Outstanding UICC volunteer: Lance Armstrong (USA), cancer survivor and seven times winner of the Tour de France.

Outstanding UICC member organization: Tata Memorial Centre, India.

Outstanding government official: President Tabaré Vázquez of Uruguay, himself an oncologist, whose country was the first in Latin America to go smoke-free.

“*It was while reading a WHO communique in 2003, quoting dramatic statistics and survival rates as low as 20% or even 10% among childhood cancer patients in poor countries, that the idea came to me. That was the beginning of the ‘My child matters’ initiative, driven by the heartfelt conviction that cancer will be rolled back through cooperation between institutions and countries, through the sharing of knowledge, through the mobilization of determination and financial resources.*”

Caty Forget

Cancer conferences

UICC’s International Calendar of 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 2006, 22,000 copies of the printed version were distributed, thanks to funding from Pfizer Oncology.

Conferences held under the auspices of UICC in 2006 included:

- 4th Regional Conference of the Asian Pacific Organization for Cancer Prevention, Japan (January)
- 1st International Conference on Tobacco Control, Romania (March)
- Symposium on Head and Neck Cancer, Netherlands (March)
- Intranet Student Oncology Seminar, Russia (April)
- Angiogenesis: A Key Target in Oncology, Spain (April)
- Oncology Nursing Society 2006 Congress, USA (May)
- 11th International Congress on Oral Cancer, Italy (May)
- Diagnostic and Interventional Radiology in Clinical Oncology, Russia (May)
- International Summer School – Oncology for Medical Students, Netherlands (July)
- 8th World Congress of Psycho-Oncology, Italy (October)
- 4th Chinese Conference on Oncology, China (October)
- V Congreso Peruano de Oncologia Médica, Peru (November)
- 3rd General Assembly conference of the Asian Pacific Organization for Cancer Prevention, Japan (November)
- Oncology Nursing Society 7th Annual Institutes of Learning, USA (November)
- 1st CancerWorld Conference on Improving Cancer Services, Belgium (November)
Scaling up awareness of the fight against cancer

The UICC World Cancer Campaign is a response to the Charter of Paris adopted on 4 February 2000 at the World Summit Against Cancer for the New Millennium. This calls for “an invincible alliance – between researchers, health-care professionals, patients, governments, industry and media – to fight cancer and its greatest allies, which are fear, ignorance and complacency”

There is an urgent need to scale up awareness of the fight against cancer, which in many countries still takes a back seat to other public health priorities.

“My child matters”

In industrialized countries nearly 80% of children treated for cancer will survive, but this survival rate drops to 20% and even 10% in developing countries where access to information, early detection and treatment are often not available. Yet most childhood cancers can be cured when detected early and treated without delay.

In June 2005, UICC initiated the “My child matters” initiative, in partnership with sanofi-aventis, to support children with cancer and their families. The initiative encourages hospitals and NGOs in low- and middle-income countries to develop pragmatic approaches to improve awareness, early diagnosis, access to care and pain control.

Projects are selected for funding based on feasibility, specific anticipated benefits for children and their families, and demonstrated accountability and sustainability.

The “My child matters” initiative was formally launched at a reception in the Jacquemart-Andre Museum, Paris, at the end of January 2006. The centrepiece of the evening, co-hosted by UICC, sanofi-aventis, and the French National Cancer Institute (INCa) was a round table on childhood cancer in developing countries with the 14 recipients of the first round of “My child matters” awards.

Dr Franco Cavalli, then UICC President-Elect, thanked sanofi-aventis for its partnership, singling out Caty Forget, Director of the Department of Humanitarian Sponsorship, for “her contagious enthusiasm and commitment”. He also thanked the US National Cancer Institute for the additional funding that made it possible to support 14 projects, instead of the 10 originally envisaged.

As a result of these projects, 900 health professionals have participated in training sessions on childhood cancer, and more than 4,000 children and 2,100 families have benefited from these programmes.

A first-year outcome analysis shows improvement in patient care infrastructure, public and professional education, early detection and access to care. In addition, psychosocial support and patient follow-up rates increased while treatment dropout rates decreased.

“Our analysis confirms that modest and targeted financial support as well as external mentoring can help institutions in developing countries build the capability to provide paediatric cancer care of good quality. It is our hope that these pilot projects can provide models for other countries to follow. With tiny investments, we can make a big difference in the lives of children with cancer, even in the most impoverished settings.”

Dr Raul Ribeiro, Director International Outreach Programme, St Jude Children’s Research Hospital, USA

A second round of awards was made in December 2006 (see page 11). “My child matters” is the largest and most comprehensive childhood cancer programme in resource-constrained settings. Thus far, it has funded 26 pilot projects in 16 countries, covering public awareness, early detection, treatment and follow-up care, professional education, and palliative care.
World Cancer Day

The Charter of Paris designates 4 February each year as World Cancer Day. In 2006, UICC took on the responsibility of coordinating World Cancer Day globally, supported by members, partners, the World Health Organization, the International Atomic Energy Agency, and other international bodies.

World Cancer Day 2006

World Cancer Day, 4 February 2006, highlighted childhood cancer, focusing on early detection and equal access to treatment and celebrating the lives of children everywhere in the fight against childhood cancer. Almost 100 UICC members and partners in more than 40 countries took part, organizing a wide range of educational activities and fundraising events.

Former US First Lady Barbara Bush, international soccer legends Franz Beckenbauer and Gary Lineker, and world figure-skating champion Stéphane Lambiel lent their support to World Cancer Day. A survey of the media impact yielded more than 140 pieces of coverage, reaching an audience of over 100 million worldwide.

Childhood Cancer: Rising to the challenge

This special report was published in connection with World Cancer Day 2006. Two chapters from the International Agency for Research on Cancer (IARC) survey the global burden of childhood cancer and examine what is known of its incidence in the first 10 resource-constrained countries selected in the initiative. A third chapter from the International Psycho-Oncology Society (IPOS) explores the psychosocial aspects of childhood cancer in the developing and the developed world. The report includes a preface by Isabel Mortara, UICC Executive Director, and an introduction by Prof Tim Eden, President of the International Society of Paediatric Oncology (SIOP).

“My child matters” awards

In December 2006, the “My child matters” advisory steering committee made grants of up to €50,000 to 12 new projects in six low- and middle-income countries. This is in addition to the 14 pilot projects in 10 such countries already receiving support.

Bolivia
1. Learning to grow under special conditions – Lucia Parejas, Fundación Amigos y Familiares de Niños con Cáncer, Santa Cruz
2. Free leukaemia diagnosis for Bolivian children – Dr Ricardo Amarú Lucana, Cellular Biology Unit, Oncohaematology, School of Medicine, Mayor de San Andrés University, La Paz
3. Early diagnosis and follow-up of childhood cancer in East Bolivia – Dr Yolanda Ernst, Instituto Oncológico del Oriente Boliviano, Santa Cruz

Indonesia
4. Integrated community-based early detection, referral and treatment of leukaemia and retinoblastoma – Dr Melissa Luvia, Indonesian Cancer Foundation, Jakarta

Kenya
5. Early detection and prompt treatment of retinoblastoma – Dr Rita S Sitorus, Department of Ophthalmology, Faculty of Medicine, University of Indonesia, Dr Cripto Mangunkusumo Hospital, Jakarta

Korea
6. Establishing awareness of the occurrence of Burkitt’s lymphoma for the purposes of early detection and treatment, and determining environmental and familial factors associated with its occurrence in Kenya – Dr Nicholas Anthony Othieno Abinya, Kenya Medical Research Institute, Nairobi

Mali
7. Oncopaedia Mali – Dr Boubacar Togo, Hôpital Gabriel Touré, Bamako

Peru
8. Update in paediatric oncology: an eLearning service – Dr Gustavo Sarria Bardales, National Institute of Neoplastic Diseases, Lima

Russia
9. Developing the care facilities and improving the support services of the Albergue para Enfermos de Cáncer “Señor de la Divina Misericordia” – Nelly Isabel Therese Huamani, ALDIMI, Surquillo, Lima

Romania
10. Improving the diagnostic services for children with cancer – Dr Doina Mihaila, St Mary’s Emergency Children’s Hospital, Iasi

11. Assessing the childhood cancer burden in Romania and ways of improving it – Adela Ratiu, Institute of Oncology “Prof Dr Al Trestioreanu” Bucharest

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

"Towards true cancer control"

www.uicc-congress08.org

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The Congress programme will focus on public health, prevention, cancer and tobacco control, palliative care and patient advocacy as they apply to high-income and resource-constrained countries alike. Together we can move the cancer control agenda forward and bring hope to millions.
Bringing cancer under control

Cancer control is a public health approach aimed at reducing the burden of cancer in a given population. Planning integrated, evidence-based and cost-effective interventions across the cancer continuum (research, prevention, early detection, treatment, and palliative care) is the most effective way to tackle the cancer problem.

Well-conceived, resource-appropriate national control strategies lower cancer incidence and improve the life of cancer patients, no matter what constraints a country faces. NGOs can play a critically important role in increasing public and leadership awareness of the cancer problem and in developing effective partnerships that can take on the responsibility of cancer planning.

UICC’s National Cancer Control Planning Resources for NGOs provide practical suggestions that can be applied in any context, including countries with very limited resources. The resources, launched at the World Cancer Congress in July 2006, are available online and in print in English, French and Spanish. A translation into Arabic is in preparation.

Evidence-based cancer prevention

Two new regional versions of UICC’s evidence-based cancer prevention handbooks for NGOs were published in 2006.

South Asia - home to a quarter of the world’s population - presents a complex socio-demographic scenario. The most common cancers in the region are cancers of the head and neck, due to the widespread habit of chewing tobacco. Among women, cervical cancer is the most common cancer, while the incidence of breast cancer is rising rapidly, particularly in urban areas. Cancer Awareness, Prevention and Control: Strategies for South Asia, discusses strategies to meet the challenges of the future.

In his introduction to Prevención del Cáncer: Estrategias basadas en la evidencia, UICC’s Latin American handbook, President Tabaré Vázquez of Uruguay highlights the need to delineate precisely the epidemiological profile of each region in the continent and to define carefully each link in the chain of the struggle against cancer. He identifies poverty as a significant cancer risk factor. Cancer prevention plays a key role, and to select the best evidence-based actions for each Latin American country is a scientific, economic and ethical challenge.

Both handbooks are available in print and online.

Also published in 2006 was Prävention von Krebs: Aktueller Stand und wirksame Strategien, a German translation of the European handbook, together with Krebsprävention in Deutschland, a free supplement on cancer prevention in Germany produced by the German Cancer Society.
Cancer prevention in Asia

The Asian Pacific Organization for Cancer Prevention (APOCP) held its 4th Regional Conference in Nagoya City University, Japan, in January 2006, under the theme, “Towards health promotion and preventive medicine”, and its 3rd General Assembly Conference in Bangkok, Thailand, in November, with the theme, “Empowering cancer prevention in the Asian Pacific region”.

In Bangkok, Dr Kazuo Tajima and Dr Malcolm Moore ended their long terms of office as Chairman and Director of the APOCP.

Dr Tajima will continue to play a major role within UICC as Strategic Leader for Asian cancer control. Dr Moore will serve as Head of the UICC Asian Regional Office for Cancer Control, formally launched at the conference. The new office is housed in Bangkok, with a training centre in Khon Kaen, in north-east Thailand. It will take over responsibility for the Asian Pacific Journal of Cancer Prevention, as well as guides to different aspects of cancer control. A major focus will be development of a comprehensive website for provision of information in various Asian languages.

Building partnerships to stop the global cancer epidemic

The Programme of Action for Cancer Therapy (PACT), created by the International Atomic Energy Agency in 2004, aims to tackle cancer needs in the developing world comprehensively over the next 10 to 20 years, working through innovative partnerships.

PACT has adopted a three-stage approach. First comes a comprehensive cancer control needs assessment (inPACT) in selected countries. Second is the phased implementation of comprehensive anti-cancer measures at model demonstration sites. The third stage will focus on regional capacity building, through the development of regional cancer training networks. Six model demonstration sites have been selected: Albania, Nicaragua, Sri Lanka, Tanzania, Vietnam and Yemen.

UICC is working with PACT to enable low and middle-income countries to introduce, expand or improve their cancer care capacity and services in a sustainable manner, through a rational process of needs assessment, prevention and control planning, priority setting and resource mobilization.

Tianjin declaration: “Hand in hand, prevent cancer”

In October 2006, representatives of the Chinese Anti-Cancer Association, the Chinese Oncology Medical Society and UICC attending the 4th Chinese Conference on Oncology in Tianjin approved a declaration on cancer prevention and control. The Tianjin declaration requires cancer professionals in treatment institutes and academic organizations to work together in the following areas.

- Prevention: to promote health education and awareness and increase the knowledge of cancer risk factors, and reduce cancer incidence by tobacco control, hepatitis B vaccination, healthy diet and physical activity, etc.
- Screening: to promote systematic cancer screening, in order to detect and treat cancer at an early stage
- Guidelines for cancer diagnosis and treatment: to standardize the diagnosis and treatment for cancer patients according to guidelines, in an effort to reach a 50% 5-year survival rate for all cancers by 2020
- Role of Chinese medicine: to explore new treatment strategies for cancer patients, combining medicine with traditional Chinese medicine, and develop new modalities for cancer treatment
- Palliative care: to standardize the protocol for palliative treatment in order to improve the quality of life for cancer patients and help cancer patients recover both physically and mentally and return to their normal life as soon as possible

“The International Atomic Energy Agency has wide experience in transferring radiotherapy technology to less developed countries, but faced with the rising incidence of cancer in the developing world, IAEA resources are inadequate. PACT is part of the effort to build a global alliance to address the challenge of cancer in developing countries. This partnership will mobilize resources and improve or expand radiotherapy treatment in the context of comprehensive national cancer control programmes. In this effort, the International Union Against Cancer is a key partner.”

Dr Mohammed ElBaradei
Director-General, International Atomic Energy Agency
Cervical cancer

Cervical cancer is the second most common cancer in women worldwide and the most common cancer among women in developing countries. A comprehensive, resource-appropriate approach to cervical cancer screening and the recent arrival of vaccines against the main carcinogenic strains of the human papilloma virus (HPV) now make it the most preventable and treatable of all cancers.

In November 2006, UICC’s Board of Directors approved a position paper on cervical cancer, supporting the development of a comprehensive global strategy to eliminate cervical cancer, the identification of specific target countries for HPV activities, and regional cervical cancer strategic planning activities. Policy statements have also been issued by several UICC member organizations.

In some countries, screening through HPV testing and Pap smears may be appropriate; in others, screening may rely in the first instance on visual inspection, after application of acetic acid or Lugol’s iodine.

In December, UICC and other partners convened a Stop Cervical Cancer roundtable in London on ensuring that the new HPV vaccines reach those women in greatest need. “New vaccines have historically taken as many as 20 years to be introduced in resource-constrained countries after their approval in North American and European markets,” they said. “A similar delay for cervical cancer vaccines would be morally unacceptable.”

Colorectal cancer screening in Finland

In 2004, the Cancer Society of Finland, a UICC member organization, launched a population-based mass screening for colorectal cancer. About 2,500 Finns each year are diagnosed with colorectal cancer, and about 1,000 die from it. Four cases out of five occur among those aged 60 and over. By the end of 2006, 60,000 invitations had been sent to people aged between 60 and 69 and over 40,000 tests carried out.

The programme uses the faecal occult blood test (FOBT), a sample collection procedure performed on three consecutive days. People in the target group receive and return the tests by post. If blood is found in their stool samples, local health centres arrange further tests.

In 2003, the European Commission recommended that EU member states adopt FOBT as well as Pap smear and mammography screening programmes. The results of Finland’s mass screening programme are keenly awaited, since it is reckoned to be the first of its kind.

Cancer prevention in Uruguay

Health promotion and evidence-based prevention and early detection need more emphasis in Uruguay’s national cancer control plan, according to participants in the first international course in cancer prevention in Montevideo, Uruguay, in November–December 2006. The course was one of 11 ICRETT training workshops that took place during the year (see page 22).

Lectures by an international faculty were complemented by four workshops on risk factors and prevention strategies, interventions to alter habits, cervical cancer screening, and assessment of the efficacy of preventive actions. The lectures and workshop summaries were collected on a CD and will be revised and expanded by the teaching staff as a basis for further courses.

The course was coordinated by Dr Graciela Sabini and Dr Ignacio Musé from the Dr Manuel Quintela Hospital, Uruguay, and Dr Hélène Sancho-Garnier from the Epidaure centre in Montpellier, France, one of UICC’s two Strategic Leaders for cancer prevention and control.

“Colorectal cancer screening in Finland”

Dr Hélène Sancho-Garnier UICC Strategic Leader for cancer prevention and control

“Cervical cancer”

Dr Nea Malila Director of Mass Screening Finnish Cancer Registry

“If people receive treatment in good time, the tumour can be removed in its entirety. When the disease is detected at an early stage, there is less need for chemotherapy and radiotherapy. We reckon that when the screening programme is at its full extent, deaths due to colorectal cancer will drop by 20%.”

A workshop in Uruguay
Making tobacco history

Tobacco use is the largest preventable cause of cancer and a major cause of preventable illness and death. In 2005 tobacco killed more than 5 million people, of whom 1.5 million died of cancer, including cancers of the lung, mouth, head and neck, kidney, pancreas and bladder, and cervical cancer.

As the tobacco industry continues to push its lethal products, consumption in much of the world is still climbing, and tobacco-related deaths are projected to double from 2002 to 2030. Already, tobacco causes around one in five of all cancers worldwide, and one in three in high-income countries. By 2030, tobacco will kill up to 8.3 million people each year, including 2.2 million cancer deaths. Effective global action is needed now to make tobacco history.

**A landmark agreement**

The WHO Framework Convention on Tobacco Control (FCTC), the world’s first public health treaty, is a critical turning point in the fight against tobacco. At the end of 2006, 142 countries were parties to the treaty.

The FCTC commits governments to enacting a minimum set of policies that are proven to curb tobacco use, including comprehensive bans on tobacco advertising, promotion and sponsorship, clear, effective warning labels, smoke-free policies, and higher prices and taxes on tobacco products. It also promotes international cooperation in dealing with cigarette smuggling and cross-border advertising.

UICC supports the ratification and implementation of the FCTC as an essential step in advancing tobacco control in all countries. Together with the strong international network of NGOs formed during the negotiation of the FCTC, UICC works to develop and strengthen capacity for tobacco control, particularly in lower-income countries.

**Building capacity for a tobacco-free world**

The 13th World Conference on Tobacco or Health met with this theme in Washington, DC, in July, back to back with the UICC World Cancer Congress. The conference began with a combined plenary session with the congress and continued with a general plenary each day, as well as smaller sessions divided into five tracks — people, product, producer, policy, and practice.

Plenary sessions focused on achieving global economic justice and a tobacco-free world, the WHO Framework Convention on Tobacco Control, and the evolution of the tobacco industry, asking, “Will the game ever be over?”

Tracks considered such topics as the human impact of tobacco; the unintended consequences of well-intentioned tobacco control policies; tobacco control successes, such as smoking out the entertainment industry; past mistakes (low tar cigarettes, for example) and avoiding them in the future; and achieving big impact with a small budget.

The goals of the conference, co-chaired by Dr. Yussuf Saloojee, UICC’s outgoing Strategic Leader for tobacco control, included...
• providing new data on addiction, cessation, public policy, second-hand smoke, smokeless tobacco and other tobacco products, and epidemiology
• reviewing new tobacco marketing efforts
• strengthening global leadership and expanding the number of organizations and individuals engaged in the fight against tobacco
• sharing successful tobacco control efforts, best practices, and effective intervention techniques, underlining the importance of changes in tobacco policy, and promoting strategies for social, political, and economic change that will help reduce tobacco use and exposure

The awards, named after the late US Surgeon General Luther L Terry, whose groundbreaking work established the foundation of public health scrutiny of the dangers of tobacco use, recognize significant accomplishments in the fight against tobacco. The winners were:
• Distinguished career award: Margaretha Haglund, Sweden, and Dr Witold Zatonski, Poland
• Exemplary leadership by a government ministry: The Ministry of Health and Family Welfare, India, and the Department of Health and Children, Ireland
• Outstanding individual leadership: Luk Joossens, Belgium, and Bungon Rinthiphakdee, Thailand
• Outstanding organization: The Campaign for Tobacco-Free Kids, USA, and the Framework Convention Alliance
• Outstanding research contribution: Sir Richard Peto, UK

Tobacco Industry Academy Awards
In a colourful ceremony on the final day of the WToH, these awards parodied tobacco companies’ disingenuous attempts to portray themselves as socially responsible.

Best ploy to circumvent a law: The winner was Imperial Tobacco. With Australia mandating graphic picture warning labels on cigarette packs, Imperial came up with the idea of “peel off” warnings
Best effort to conceal corporate irresponsibility: The winner was British American Tobacco (BAT), for providing free mini-stalls to sell cigarettes to Sri Lankan tsunami victims
Best initiative to recruit new smokers: The winner was Philip Morris, for a worldwide Marlboro Adventure Team competition that brings young adults chosen from more than a million applicants to Marlboro Country in the US
Best exploitation of a special population: The winner was BAT for a training video for “tobacco girls” who approach men on streets and at bars to offer them Benson & Hedges cigarette. The video shows the young women being tutored to start the day with a “good wash,” followed by careful grooming and application of make-up. A “good impression will be transferred to the brand and international company you represent,” the video says.
comprehensive report that brings together new estimates of the deaths caused by second-hand smoke and research on the economic impact and popularity of smoke-free policies.

- Exceptional contribution to the evidence base for smoke-free policies: Dr Jonathan M Samet of Johns Hopkins University, for his key role in expert reviews and reports, including the newly published Report of the Surgeon General on the Health Effects of Second-hand Smoke.
- Outstanding campaign: the Smoke-free Action Coalition, a broad-based coalition that was instrumental in bringing about legislation making all English workplaces – including bars, clubs and restaurants – smoke-free, despite the failure of the UK government to give a lead.
- Outstanding administrative organisation: CDC China, for its role in promoting health and well-being and ensuring that the 2008 Olympics in Beijing will be smoke-free.

The partnership joined with the Framework Convention Alliance and the Campaign for Tobacco-Free Kids to make an extraordinary joint award to President Tabaré Vázquez honouring his outstanding political leadership in making Uruguay the first smoke-free country in the Americas.

**TobaccoAcademy opens its doors**

In October 2006, TobaccoAcademy, UIICC’s new online course for tobacco control, opened its doors to 81 students from 43 countries. Of these, 66 students signed on for the whole course, which provides them with the equivalent of a certificate level professional qualification in tobacco control. The other 15 students opted to study one of the four course themes: the tobacco industry, health, economics, and policy.

TobaccoAcademy brings to life key lessons for tobacco control, is overseen by an expert international faculty, and includes unique course materials, study plans, reading lists, and self-assessment exercises. Studying in TobaccoAcademy is part-time, which helps students to fit the study around their daily lives.

**Empowering tobacco control professionals**

UIICC’s international tobacco control community, GLOBALink, provides a constantly updated online communication tool for its more than 6,000 members. It has received the Luther L Terry Award and the Tobacco or Health medal from WHO.

“With the renewed focus on effective tobacco control brought by the Framework Convention comes a growing need to train and inform professionals from a variety of backgrounds so that we are ready to meet the challenge. This excellent beginning confirms that there is indeed a great demand for an in-depth introductory course in tobacco control. We are delighted to welcome such a diverse group of learners, including policymakers and economists, medical doctors and journalists.”

Tuja Tengvall, Learning and Resource Coordinator, TobaccoAcademy

Now in its second decade, GLOBALink is a recognized catalyst for dialogue between tobacco control professionals, allowing them to find and exchange the latest, most accurate information and analysis, access specific publications, guidelines and reports, and engage in collective action. UIICC has nurtured and sustained a generation of tobacco control leaders and continues to identify and train emerging tobacco control activists to become tomorrow’s leaders.

“Our long-term objective should be to make smoking history worldwide. Policies requiring clean indoor air have been successfully implemented in many countries. It is the role of UIICC to support this trend towards a society without tobacco.”

Luk Joossens
UIICC Strategic Leader for tobacco control
Transforming knowledge into action

In 1933, cancer researchers recognized a need to share knowledge and expertise globally and so founded UICC. Since then, UICC has grown into a respected forum for all professionals engaged in cancer prevention and control. Over the years, UICC has fostered the development of cancer institutions, the sharing and exchange of knowledge, the transfer of skills and technologies, and professional education.

The enduring challenge is to equip cancer investigators, clinicians, nurses and allied health professionals and volunteers with the knowledge, skills and expertise to cope with the cancer burden and to improve the quality of life of cancer patients by implementing evidence-based strategies for prevention, early detection, treatment, and palliative care.

International cancer fellowships

International cancer fellowships play a major role in UICC’s vision and mission. They provide opportunities for professional development for cancer investigators, clinicians, nurses, and cancer society staff and volunteers.

Each year an international review panel of over 800 volunteer experts considers more than 1,000 applications. Each year this results in up to 200 fellowships, to advance, transfer and disseminate cancer knowledge from those who have it to those who need it.

Through the generous financial contributions of sponsors and the expertise of our volunteer reviewers, almost 6,000 health professionals have benefited from UICC fellowships since they were established in 1961.

In 2006, 155 fellowships were awarded

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<tr>
<th>fellowship</th>
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<tr>
<td>UICC Translational Cancer Research Fellowship (TCRF)</td>
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<tr>
<td>UICC American Cancer Society International Fellowships For Beginning Investigators (ACSBII)</td>
<td>6</td>
</tr>
<tr>
<td>UICC Yamagiwa-Yoshida Memorial International Cancer Study Grants (YY)</td>
<td>11</td>
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<tr>
<td>UICC International Cancer Technology Transfer (ICRETT) Fellowships</td>
<td>115</td>
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<tr>
<td>UICC Trish Greene International Oncology Nursing Fellowships (IONF)</td>
<td>15</td>
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<tr>
<td>UICC Asia-Pacific Cancer Society Training Grants (APCASOT)</td>
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<td><strong>Total</strong></td>
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UICC launched its Translational Cancer Research Fellowships in 1997 to enhance the translation of basic, experimental, and applied research insights into their clinical or population applications in the form of new ideas, drugs and treatments, vaccines and other effective prevention or intervention strategies. UICC gratefully acknowledges the support provided for this programme over the past decade by Novartis Oncology, the US National Cancer Institute, AstraZeneca and Aventis.

ICRETT: Dr Jaroslav Novak, Czech Republic, in the USA
This scheme has been discontinued, with effect from 2007. The five other fellowship programmes continue, albeit in two cases with significant changes. With Fellows finding it increasingly difficult to obtain visas for North America and Western Europe, the ICRETT scheme now also offers ICRETT training workshops in resource-constrained countries for larger groups of participants and led by an international faculty. Similar cancer nursing workshops will be launched in 2007.

For both workshops, the competitive selection is based on expert review of the workshop design, programme, follow-up and evaluation procedures and the profiles of the faculty and host organization. The aim is to provide participants with an opportunity to augment their professional knowledge and share their newly acquired knowledge and skills with others in their countries.

A new edition of the UICC International Cancer Fellowships booklet, setting out the fellowship and training schemes currently administered by UICC, will be published in 2007. An updated set of fellowship flyers is also available.

**ICRETT workshops**

These 3-5 day workshops are hosted in cancer institutes, universities, laboratories, clinics, or hospitals in resource-constrained countries. An international faculty of one to three experts is supported by UICC to train groups of up to 50 appropriately qualified health professionals. Subjects addressed include basic, preclinical, clinical, behavioural, and epidemiological areas of cancer research, cancer prevention and control, clinical management, palliative care, diagnostic skills, and clinical trials.

In 2006, the following 11 workshops were held in Brazil, China, Cuba, Cyprus, India, Niger and Romania:

- **Cancer prevention and health promotion** at the University of Medicine & Pharmacy, at the University of Medicine & Pharmacy, at the University of Medicine & Pharmacy, at the University of Medicine & Pharmacy, at the University of Medicine & Pharmacy.
- **Cancer prevention in Uruguay**, at the Hospital de Clínicas Dr Manuel Quintela, Uruguay, led by Dr. Hélène Sancho-Garnier, Epidaure, CRLC Val d’Aurelle-Paul Lamarque, France
- **Flow cytometric analysis of neoplastic and pre-neoplastic diseases of the bone marrow and lymph nodes at the Southern Medical University, China**, led by Dr. Raul Braylan, University of Florida College of Medicine, USA
- **Methodological strategies for the clinical evaluation of anticancer drugs** at the Instituto Nacional de Oncología y Radiobiología, Cuba, led by Dr. Andrew Kramar, Epidaure, CRLC Val d’Aurelle-Paul Lamarque, France
- **Monitoring of stem cell phenotype, proliferation and apoptosis** at the Sree Chitra Tirunal Institute for Medical Sciences and Technology, India, led by Dr. Gaurav Agarwal, India, in Japan by Dr. Gaurav Agarwal, India, in Japan

- **Palliative care of the paediatric patient: issues in communication**, Ministry of Health, Cyprus, led by Dr. Michael Silbermann, Middle East Cancer Consortium
- **Population-based cancer survival analysis** at the Registro de Cancer de Base Populacional de Goiania, Brazil, led by Dr. Timo Hakulinen, Cancer Registry, Cancer Society of Finland
- **Prostate brachytherapy** at Apollo Specialty Hospital, India, led by Dr. Gillian Duchene, Peter MacCallum Cancer Institute, Australia
- **Sentinel lymph node biopsy in breast cancer** at the Institute of Medical Sciences – Varanasi, India, led by Dr. Robert Mansel, University of Wales College of Medicine, UK
- **Updates in clinical applications of flow cytometry/molecular biology in haematological malignancies** at the Fundalua Angelica Ocampo, Argentina, led by Dr. Raul Braylan, University of Florida College of Medicine, USA
- **Women’s cancers: a course on gynaecological surgery** at Tous Unis Contre Le Cancer, Niger, led by Dr. François Lafargue, CHU Montpellier, France

**Cancer nurses training workshops**

From 2007, these workshops, sponsored by the Oncology Nursing Society, USA, will replace the Trish Greene International Oncology Nursing Fellowships. The workshops are 3-5 day teaching and training sessions held at cancer institutes, clinics, treatment centres or hospitals in resource-constrained countries by an international faculty of one to three nurse educators for groups of up to 30 appropriately qualified nurses.

Subjects include cancer education programmes for prevention and early detection, patient counselling, safe drug handling, pain assessment, palliative care, and quality of life issues. Prevention-oriented workshops are especially encouraged.

**TNM**

The TNM (tumour-node-metastasis) classification of malignant tumours developed by Pierre Denoix
and adopted by UIICC in 1953 has become the global standard for cancer classification and staging. Today in its sixth edition, the TNM Classification of Malignant Tumours is available in printed, online and palm pilot versions and has been translated into many languages. A seventh edition is under preparation and will be published by John Wiley & Sons in 2009.

A set of related publications and resources is also available from Wiley: the TNM Atlas, 5th edition; the TNM Supplement, 3rd edition; TNM Mobile Edition 2.0; and TNM Online. The distribution rights for the TNM Atlas are held by John Wiley & Sons in the Americas, but in the rest of the world by Springer Verlag, Germany.

A French translation of the fifth edition of the TNM Atlas was published in 2006 by Springer France. The atlas and supplement have also been translated into several other languages.

**Prognostic Factors in Cancer**

The third edition of Prognostic Factors in Cancer, launched at the World Cancer Congress in July 2006, amends and streamlines this authoritative monograph on prognostic factors and their use in planning treatment for cancer patients. The first part provides an update on the science of prognosis in general and prognosis in cancer patients in particular. The second part consists of site-specific or tumour-specific chapters and the prognostic factors associated with particular malignancies.

**International Journal of Cancer**

The International Journal of Cancer, first launched in 1964, is edited by Dr Harald zur Hausen and published for UIICC by John Wiley & Sons. A leading cancer journal, with 24 issues per year, it covers basic, translational and clinical research. It is available in print and online (www.interscience.wiley.com).

**Cancer Basics for All**

Cancer Basics for All is a comprehensive e-learning tool for health professionals that covers cancer biology, cancer treatment, patient and symptom management, and patient and family care. It provides anyone caring for cancer patients with a fundamental understanding of the disease and its development, diagnosis and treatment, as well as exploring related psychosocial, ethical and legal issues. It will also be of interest to cancer patients, their families and their friends.

Four interactive courses on how cancer evolves, how it is treated, managing symptoms, and cancer as a chronic disease provide almost eight hours of learning in 17 lessons. Lessons include formative and interactive exercises, with learning checkpoints to positively reinforce what has been learned. Each course ends with a post-course assessment, with a printable certificate if 80% of the test questions are answered correctly.

Subject to a licence from UIICC, the series allows translation of the text into other languages or adaptation to national, regional or ethical requirements, without the need for additional development software.

**Online course in psychosocial oncology**

Two UIICC member organizations – the International Psycho-Oncology Society (IPOS) and the European School of Oncology (ESO) – have developed a multilingual core curriculum in psychosocial oncology.

This is the first multilingual programme dedicated to the psychosocial education of all professionals working with cancer patients, including doctors, nurses, social workers, psychologists and technicians. Leading experts have developed one-hour lectures on five key subjects in psychosocial oncology – communication skills, psychosocial assessment, anxiety, depression, and distress management.

The course is available free of charge on the IPOS and ESO websites: www.ipos-society.org and www.cancerworld.org.
Daffodil Day 2006: Irish Cancer Society and (opposite) Cancer Society of New Zealand
Building capacity and supporting patients

Receiving a cancer diagnosis changes people’s lives dramatically, bringing fear and uncertainty, physical challenges and serious financial implications. It affects families, partners and friends.

In 2006, people with cancer still faced vast global discrepancies in the quality of their care. If every cancer patient were treated and cared for in accordance with the best standards, much suffering and dying would be prevented.

Quality cancer care

In July 2006, the American Society of Clinical Oncology (ASCO) and the European Society for Medical Oncology (ESMO) published a consensus statement “that defines what we presently consider to be important to protect the interests of patients with cancer and to enable them to obtain high-quality cancer care”. The statement, written by an international group of ASCO and ESMO volunteers, lists 10 rights that should be guaranteed to every cancer patient.

The two UICC member organizations are working together in a task force to promote the right to quality care. They are also counting on the cooperation of patient advocacy groups. “We have to have all the patients on board,” says Hakan Mellstedt, President of ESMO. “They are often the most effective at distributing the message. They are a very powerful pressure group.”

Patient forums

Patient forums give a voice to people living with cancer in order to break down the barriers of silence and fear, allowing dialogue between patients, the medical community and other stakeholders. Patients and their families can help cancer professionals see what is working well and what is not. They can be powerful advocates for improvement in attitudes, knowledge, practices, policies, systems and services.

Turkey’s first cancer patient forum brought together 350 participants in Ankara in April 2006. It was also the first meeting in UICC’s patient forum programme, which offers UICC member organizations a web-based guide containing practical information, samples, examples and lessons learned, an auspices and grant programme, and the opportunity for networking, technical assistance and exchange of information.

The forum, held under the patronage of President Ahmet Necdet Sezer of Turkey, was organized by the Turkish Association for Cancer Research and Control (TACRC) and Cancer patient forum in Turkey
It is, says ICISG President Anne Vézina, a partnership created to address the information needs of patients worldwide. “Our group was formed at UICC’s first World Conference for Cancer Organizations in Australia in 1996. Our members share a commitment to providing quality cancer information and helping other organizations set up information programmes.”

In July 2006, just before the World Cancer Congress in Washington, DC, an online tool box was launched, designed to assist cancer organizations in setting up or improving a cancer information service and available on the ICISG website (www.icisg.org).

An all-day workshop on how to start a cancer information service followed the launch. At the workshop, 46 participants from 24 countries learned about the steps needed to start an information service, how to recruit and train staff, elements of quality management, and key resources and technology.

Hope Lodges

For many people living with cancer, the cost of accommodation near the treatment site can be a significant barrier in access to health care. Some patients don’t take part in their treatment as regularly as they should or simply abandon it.

In February 2006, UICC Executive Director Isabel Mortara took part in a ribbon-cutting ceremony to mark the opening of Turkey’s first Hope Lodge, Hacettepe Umut Evi, in Ankara’s old town.

Hacettepe Umut Evi is a pilot project modelled on similar lodges in Canada, France and Tunisia. These are described in Setting up a Hope Lodge, a UICC handbook now available in English, French, Spanish and Turkish.

Reach to Recovery International

Reach to Recovery is a non-medical programme designed to give women with breast cancer practical and emotional one-to-one support and assist them in their return to everyday life. It is built on a simple yet universal principle: a woman who has

ICISG President Anne Vézina

Turkish actress Filiz Akin and cancer control leaders cut the ribbon for the Hope Lodge.

“I’m gratified that we are bringing these opportunities to Turkey. We hope that the new Hope Lodge will serve as a model for similar projects elsewhere in our country, and in other countries too.”

Dr Tezer Kutluk, President
Hacettepe University Institute of Oncology, Ankara

US Ambassador Pamela Bridgewater (centre) with Reach to Recovery survivors and health workers in Ghana.

“Kraft tak mot kret” (Action against cancer), the Norwegian Cancer Society’s annual fund-raising and awareness campaign - Secretary General Anne-Lise Ryel with singer Christian Ingebrigtsen in March 2006.

Hacettepe University Institute of Oncology. Outcomes included an action plan and a report to be sent to national and international health authorities.

A second patient forum in the UICC programme brought together more than 300 participants in Bratislava, Slovakia, in October. The forum was organized by the Slovak League Against Cancer under the patronage of the First Lady of Slovakia, Silvia Gasparovicova. Also involved were two government ministries, the Slovak Cancer Society, the Slovak Medical Society, and the European Cancer League.

Cancer information services

A cancer information service (CIS) provides accurate and up-to-date information to cancer patients, their family and friends, health-care professionals and the general public. A one-to-one interaction with a trained information specialist ensures high-quality, personalized information by telephone, email, instant messaging or in-person visits.

In 2005, UICC and the International Cancer Information Service Group (ICISG) formed a partnership to strengthen the provision of cancer information around the world.
lived through breast cancer and gives freely of her time to help another woman facing the same experience is a valuable source of support. Reach to Recovery International (RRJ) is a long-standing UICC programme and at the core of its involvement in supportive care.

A set of 10 fact sheets introducing the various aspects of Reach to Recovery was launched at the World Cancer Congress in July. This introduction kit is currently available in English; translations into other languages are in preparation.

Conferences and workshops
In August 2006, Ann Steyn from South Africa led a three-day training workshop in Harare, Zimbabwe, on how to create and develop a Reach to Recovery group. In November, a two-day workshop in Buenos Aires was hosted by the Argentine League Against Cancer (LALCEC), under the twinning programme with Portugal launched in 2005.

Jagrutti: the awakening
In Indian lore, jagrutti is a flame that is a perpetual source of light and energy. For women with breast cancer, it signifies the ability to regain a meaningful, vibrant life through treatment and psychosocial support. After breast cancer, a woman can still live with dignity and femininity and use the experience to help other women to cope with their cancer.

More than 300 people from around the world attended the 3rd Asia-Pacific Reach to Recovery International Breast Cancer Support Conference, which was held in November in Mumbai, India, under the title, “Jagrutti: the awakening”.

Awards
Dr Khin Khin Win of Singapore Cancer Society won the inaugural RRJ Asia-Pacific Health Professional Volunteer Award, recognizing her exceptional contribution to breast cancer support in the region.

Gloria Lin of Taiwan, a cancer survivor and the founder of Taiwan Breast Cancer Alliance, a coalition of 26 local Reach to Recovery groups, won an award for her outstanding voluntary commitment to RRJ in the Asia-Pacific region.

The conference was organized by Reach to Recovery International with a coalition of six Indian NGOs – Cancer Patients Aid Association, Indian Cancer Society, Mastectomyes Association, Passages, V Care Foundation and Women’s Cancer Initiative – and Tata Memorial Hospital.

“The scientific content of the programme was much appreciated by delegates. For the first time in India, the stage was shared by doctors and paramedics, caregivers and patients. Some brave and courageous stories were shared, and in the spirit of giving and taking, many valuable lessons were learned.”
Dr Coomi Singh, Passages, India

Global Coalition of Men with Prostate Cancer
Prostate cancer is the second most common cancer among men worldwide.

The highest rates are found in developed countries and some parts of Africa, but the global burden of prostate cancer is growing.

As prostate cancer affects more and more men around the world, there is a need for an international forum. During the World Cancer Congress, UICC held a meeting with key prostate cancer groups and is working with partners to develop a Global Coalition of Men with Prostate Cancer.

“I believe that this is the way to spread Reach to Recovery ideals all over the world. I also believe that the next meeting in Buenos Aires should welcome breast cancer survivors from other Latin American countries, because networking and working together is so important, above all among countries that speak the same or very similar languages.”
Maria Cunha Matos
Vencer e Viver, Portugal

“Stark, moving and disturbing at times, this conference’s appeal lies in the fact that it resonates with laypersons and its raw edges are not smoothed down by political correctness.”
Mid Day newspaper

Gloria Lin

Ann Steyn, left, with Zimbabwe trainees in August 2006
Organizations

Latin America and Caribbean
Asociación Hondureña de Lucha contra el Cáncer, Honduras
Asociación Mexicana de Lucha Contra el Cáncer, México
Asociación Nacional Contra el Cáncer, Panama
Associação Brasileira de Luta Contra o Câncer, Brazil
Asociación de Enfermedades Neoplásicas, Peru
Fundación Oncocentro São Paulo, Brazil
Fundación Boliviana Contra el Cáncer, Bolivia
Grupo Brasileiro de Estudos do Cáncer, Brazil
Hospital de Clínicas “Dr Manuel Quintela”, Uruguay
Instituto Brasileiro de Controle do Cáncer, Brazil
Instituto de Enfermidades Neoplásicas, Peru
Instituto Nacional del Cáncer, Brazil
Instituto Nacional de Cancerología, Colombia
Instituto Nacional de Cancerología, Mexico
Instituto Nacional de Oncología y Radiobiología, Cuba
Liga Argentina de Lucha Contra el Cáncer (LALCEC), Argentina
Liga Bahiana Contra o Câncer, Brazil
Liga Colombiana Contra el Cáncer, Colombia
Liga Contra el Cáncer, Honduras
Liga Dominican Contra el Cáncer, Dominican Republic
Liga Nacional Contra El Cáncer de El Salvador
Liga Nacional Contra el Cáncer Guatemala/Plensa
Liga Nacional contra la Leucemia y el Cancer en el Niño, Nicaragua
Liga Peruana de Lucha Contra el Cáncer, Peru
Oncosalud, Peru
Patronato Cibaeno Contra el Cáncer, Dominican Republic
Sociedad Anticancerósea de Venezuela
Sociedad de Lucha contra el Cáncer (SOLCA), 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

North America
American Association for Cancer Research, USA
American Cancer Society, USA
American College of Radiology, 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
Cabrini Medical Centre, USA
Campaign for Tobacco-Free Kids, USA
Canadian Association of Radiation Oncology
Canadian Breast Cancer Foundation - Praries/NWV Chapter
Canadian Cancer Society
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 & Prevention, USA
College of American Pathologists, USA
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 Confederation of Childhood Cancer Parent Organizations
International Extranodal Lymphoma Study Group
International Psycho-Oncology Society
Ludwig Institute for Cancer Research

Research Centre of Gastroenterology and Liver Transplantation, Iran
Shariati Hospital HORM, Iran
Syrian Cancer Society
Turkish Association for Cancer Research and Control

As of June 2007
## UICC Fellows 2006

<table>
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<tr>
<th>Country</th>
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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 Workshops
ION Trish Greene International Oncology Nursing Fellowship
TCR Translational Cancer Research Fellowship
YY1 Yamagiwa-Yoshida Memorial International Cancer Study Grants (April selection)
YY2 Yamagiwa-Yoshida Memorial International Cancer Study Grants (October selection)
UICC
Roll of Honour

Through the Roll of Honour, UICC and its member organizations recognise and acknowledge the outstanding commitment and achievements in the fight against cancer of individuals throughout the world.

Aoki, Kunio
Ash, Carol
Baity, John
Balchin, Allan
Barrett, Ann
Beltran Ortega, Arturo
Brawer, Michael
Brien, Graeme
Brzakovic, Predrag
Burger, Max
Burn, Ian
Burton, Robert
Caceres, Edoardo
Calligaris-Cappio, Federico
Cerutti, P
Charlot, Anne
Ciechanover, Aaron
Cleaver, J
Cleton, F
Cognetti, Francesco
Collan, Yrjö
Collins, V
Das, Samiran
De Garcia Granados, Enrique
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Denis, Louis Jean
Diehl, V
Dietel, M
Dillner, Joakim
Dinshaw, Ketayun A
Eckhardt, Sandor
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Grammatica, L
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Gupta, Prakash
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Mayer Zaharia, McVie, Gordon
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Miwa, Masano
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Muñé- Sevri, Ignacio
Nambari, Raj
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Nilsson, Kenneth
Nister, Monica
Omar, Sherif
Ospina, Julio Enrique
Pavlovskova, Irina
Peters, L
Ragde, H
Rajewsky, Manfred
Ringborg, Ulrik
Robinson, Eliezer
Rothvald, David
Rudolf, Zvonimir
Ruiz de Campos, Lisseth
Rutqvist, L
Sasaki, Ryuichiro
Seftin, John
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Sheldrick, P
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Roemer-Mjolsnes
Sripalani, Hutcha
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Stanley, E Richard
Storne, Guy
Sugabaker, Paul
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Tang, Zhao-You
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Tsukuhida, Nobuo
Tsuuru, Takashi
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Ullrich, Axel
Vázquez, Tabaré
Weber, Walter
Wilkinson, Philip
Wilkinson, Susan
Woolkiers, Joseph
Wyke, John
Yule, Philip
Zaridze, David
zur Hausen, Harald

Task forces
Cancer prevention and control

Strategic leaders
Sancho-Garnier, Hélène
Tajima, Kazuo (from July 2006)

Steering group
Anderson, Annie
Bloch, Basil
Burton, Robert

Cancer registration
Hamdi-Chérif, Mokhtar
Loria, Dora
Olive, Martha E
Pisani, Paola
Zanetti, Roberto

Evidence-Based Cancer Prevention:
Strategies for NGOs

Europe
Anderson, Annie
Aznar, Jean-Christophe
Biedermann, Andreas
Lynge, Elsebeth
Segnan, Nereo
Slama, Karen

Latin America
Camacho, Rolando
De Campos, Lisseth
Ferreccio, Caterina
Garcés, Miguel
Musé, Miguel

Asia
Burton, Robert
Dinshaw, KA
Kurkure, Arun
Shashid, Surendra
Tajima, Kazuo

Interphone study
Andersen, Jorgen Bach
Denis, Louis
Hakulinen, Timo
Inskip, Peter
Metelin, Curtis
Olsen, Jorn
Repacholi, Michael
Tominaga, Suketami

National cancer control planning
Bhadrasain, Vikram
Given, Leslie
Gueddama, Nabiha
Knowledge transfer

**Strategic leaders**
Harford, Joe (from July 2006)
Nilsson, Kenneth (until July 2006)

**Steering group**
Gospodarowicz, Mary
Kurkure, Arun
Krammer, Peter
Pollock, Raphaël E
Wilkinson, Susie

**International cancer fellowships**

Fellowship reviewers 2006
Abelev, Garry
Adamson, Douglas
Adebamowo, Clement
Agarwalla, Dillip
Agrez, Michael
Ahmedzai, Sam
Aitchison, M
Alison, Dawn
Ang, Emily
Aro, Arja
Ash, Dan
Ashcroft, Margaret
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Beaujard, Michel
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Cairney, Claire
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Cavenee, Webster
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Chester, John
Chow, Marie
Chu, Kent
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Comans, Emile
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Luwia, Melissa
Lykkesfeldt, Anne
MacGregor, Fiona
Madhavan Nair, Krishnan
Mairs, Robert
Mareel, Marc
Matthiein, Wolrad
McLaughlin Anderson, Myrna
McMillan, Nigel
McNicoll, Anne
Metsafl, Donald
Metediev, K
Mihich, Enrico
Minjheer, Bernard
Milroy, Robert

**Tobacco control**

**Strategic leaders**
Joosens, Luk (from July 2006)
Saloojee, Yusuf (until July 2006)

**Tobacco control membership**
Bristol, David
Dabue, Michael
Elvainio, Lisa
Glynn, Thomas
Gray, Nigel
Gupta, Prakash
Hayes, Andrew
Hirsch, Albert
King, Jean
Kyle, Kenneth
McKelson, H Fred
Omar, Sherif
Pertschuk, Michael
Sullivan, Denise
Zatonski, Witold
Ziv, Miri

**GLOBALink tobacco control**
Chapman, Simon
Jadad, Alex
Saloojee, Yusuf
Simpson, David
Ratte, Sylviane

**Vision/Issues**
Callard, Cynthia
John, Shoba
Joosens, Luk
Myers, Matthew L
Pertschuk, Michael
Sweanor, David
Warner, Kenneth E
Wilkenfeld, Judith

Harford, Joe
Jovicivc Bekic, Ana
Lodge, Mark
Robinson, Elizer
Sabini, Graciela
Sepulveda, Cecilia

Women’s cancer
Anderson, Benjamin
Fernandez, Leticia
Joudane, Leila
Rodriguez, Guillermo
Sankaranarayanan, R
Trimble, Ted
Mitelman, Felix
Mohan, Harsh
Moore, Pearl
Morris, David
Morton, Randall
Munro, Alastair
Naruke, Tuguoo
Newell, Herbie
Nielsen, Ole
Nilsson, Kenneth
Noda, Tetsuo
Nordenstam, Magnus
Oien, Karin
Onibokun, Adenike
Pahlman, Lars
Parker, Peter
Parmar, Vani
Paul, Marinos
Peake, Mick
Perrier-Bonnet, Sabine
Peters, Godefridus
Peters, Gordon
Pisani, Paola
Price, Pat
Purushotham, A
Quinn, David
Rajewsky, Manfred
Rao, K
Risio, Mauro
Robins, Diane
Roos, Göran
Rots, Marianne
Rüegg, Curzio
Sanalogue, Salih
Schätzlein, Andreas
Schepker, Rik
Schifflers, Raymond
Schmitt-Velthui, Anne
Schoket, Bernadette
Schumpelick, V
Schwartz-Albiez, Reinhard
Senan, Suresh
Shahina Parveen, Usman
Shin, Dong
Shipley, Janet
Simonsen, Bengt
Simpson, David
Slevin, Nicholas
Soutar, David
Spandidos, Demetrios
Speirs, Valérie
Steward, John
Stewart, Bernard
Steyn, Ann
Stuart, Robert
Stuzenboek, George
Sudderick, Robert
Sun, Shi-Yong
Syrjanen, Kari
Thomas, Bruce
Thomas, José
Uner, Aysegul
Van den Bent, Martin
Van der Eb, A
Van Poppel, Hendrik
Van Schil, Paul
Vassaux, Georges
Veerman, Anjo
Verheijen, RHM
Verweij, Jaap
Villa, Luisa
von Kleist, Sabine
Vynckier, Stefan
Wahrendorf, Jürgen
Wang, Weiguang
Watson, Roger
Webb, Steve
Wei, William
Weiler-Mithoff, Eva
Werner, Jochen
West, Matthew
Wigmore, Stephen
Wilkinson, Laura
Willecke, K
Wilson, Leon
Win, Khin Khin
Wooster, Richard
Young, Lawrence
Yron, Ilana
Zaffaroni, Nadia
Zalutsky, Michael
Zheng, Shu
Zhereb, Zhu, Jingde
Zimmerman, Robert

**TNM core committee**
Ahmed, Faruque
Asamura, Hisao
Briere, James
Denis, Louis Jean
Gospodarowicz, Mary
Greene, Frederick L
Groome, Patti
Harford, Joe
O’Sullivan, Brian
Pecorelli, Sergio
Sobin, Leslie
Wittekind, Christian

**TNM process**
Ahmed, Faruque
Gospodarowicz, Mary
Greene, Frederick L
Groome, Patti
Pecorelli, Sergio
Sobin, Leslie

**TNM expert panels**

**Breast**
Boyages, John
Edge, Stephen B
Ellis, Ian
Fitzgibbons, Patrick L
Hayes, Daniel
Pritchard, Kathleen
Singletary, Eva Sonja

**Upper gastrointestinal**
Carr, Norman
Cummings, Bernard
Johnson, Phillip
Kloepel, Günter
Pimrose, John

**Skin**
Cascinelli, Natale
Elder, David
Heenan, Peter
LeBoit, Philip E
Mihm, Martin
Murphy, George
Poulsen, Michael G
Thompson, John F
Tsang, Richard

**TNM prognostic factors**
Ahmed, Faruque
Gospodarowicz, Mary
Greene, Frederick L
Groome, Patti
O’Sullivan, Brian
Sobin, Leslie
Wittekind, Christian

**TNM Supplement editorial**
Wittekind, Christian
Sobin, Leslie

**TNM Atlas editorial**
Greene, Frederick L
Sobin, Less, Louis Jean
Wittekind, Christian

**Capacity building**

**Strategic leaders**
Burton, Robert (until July 2006)
Dunn, Jeff (from July 2006)

**Hope Lodges**
Ben Ayed, Farhad
Kutuk, Tezer
Lavoie, Madeleine

**Patient forums**
Bradburn, Jane
Dunn, Jeff
Kaur, Ranjit
Moyer, Cheryl
Ryan, Olwyn
Ulman, Doug

**Psycio-ology**
Eisinger, François
Gue, Patrice
Holland, Jimmie
Schraub, Simon

Reach to Recovery International committee
Kaur, Ranjit
Dunn, Jeff
Cunha Matos, Conceição Maria
Fantiño, Susana
Kozak, Irina
Steyn, Ann

**Bloom editorial board**
Kaur Ranjit
Dunn, Jeff
Hudson, Tom
Steyn, Ann

**Conferences**
Advisory group on international conferences
Denis, Louis Jean
Dunn, Jeff
Elovainio, Liisa
Heron, Michael F
Hill, David
Moore, Pearl
Sancho-Garnier, Hélène

**Membership**
Membership committee
Cazap, Eduardo
Dinshaw, Ketayun A
Kutuk, Tezer
Meili, Bruno
Mickelson, H Fred

**eUICC**
eUICC think tank
Bero, Lisa
Dzernowska, Joan
Gustafson, David H
Jadad, Alex
Kurkure, Arun
Lenhard, Raymond
Lorrenzi, Nancy
Luciani, Silvana
MacKillop, William J
Miller, Daniel S
Robles, Sylvia
Wyatt, Jeremy

**International Journal of Cancer**

**Editor-in-Chief**
zur Hausen, Harald

**Associate editors**
Editorial board
Aaltosen, Lauri
Aaronson, Stuart
Aaltonen, Kari
Armstrong, Bruce
Barbacid, Mariano
Barrett, John
Cancer conferences in 2007
Organized by UICC or held under UICC auspices

- **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, George, 27-28 September

- **4th European Conference on Tobacco or Health**
  Basel, Switzerland, 11-13 October

- **AORTIC 2007**
  Cancer in Africa – Challenges and Opportunities
  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
Financial report 2006
Report of the Treasurer

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 2006 financial statements were audited by Deloitte SA, who are satisfied that the accounting records comply with Swiss laws and UICC’s articles of incorporation and recommend that the financial statements be approved (see page 38).

Income

Unrestricted income, which mainly covers the operations of the UICC Secretariat, amounted to US$ 2,800,040, a significant increase from 2005.

Dues received from UICC member organizations remained, at US$ 1,130,115, practically unchanged from the previous year but were the single most important unrestricted contribution to revenue. During the reporting year, 7 organizations cancelled their membership and 15 organizations joined UICC. At the end of 2006, membership stood at 277 organizations. Income from corporate partners is an additional important source of unrestricted income.

Publications income received by UICC increased by 66% from the previous year, due primarily to a change in the contractual arrangement with John Wiley & Sons, the publisher of UICC’s International Journal of Cancer.

UICC benefited from a one-off contribution of US$ 450,000 from the American Cancer Society as the local organizer of the 2006 UICC World Cancer Congress.

Restricted income, which is designated for specific programmes and

---

<table>
<thead>
<tr>
<th>Total income 2006</th>
<th>Total expenditure 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and donations</td>
<td>Projects and initiatives</td>
</tr>
<tr>
<td>Membership income</td>
<td>UICC Congresses</td>
</tr>
<tr>
<td>Publications</td>
<td>Publications</td>
</tr>
<tr>
<td>Various</td>
<td>Operating costs</td>
</tr>
</tbody>
</table>

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36
activities, increased slightly from 2005 to US$ 4,921,150. UICC received in 2006 contributions from over 30 donors based around the world in support of its different projects.

**Expenditure**


**Unrestricted expenditure** related to UICC’s operating costs increased from US$ 2,141,829 in 2005 to US$ 2,409,202. This was partly due to one-off expenditure incurred in connection with the World Cancer Congress. In addition, US$ 251,883 from unrestricted funds was spent in direct support of different projects and initiatives.

Overall, the unrestricted expenditure was well contained within the annual budget. The unrestricted accounts for the year show a net surplus of US$ 390,837, which means that UICC was able to save a significant portion of the extraordinary unrestricted income received in 2006 as a reserve for its operations in 2007 and beyond.

**Restricted expenditure** for programmes and publications amounted to US$ 5,209,513. This represented a significant increase in programmatic expenditure from 2005. As the restricted funds are in principle 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 had cash balances that were carried forward from 2005 and contributed also to cover expenditure occurred during 2006.

**Fund balances and reserves**

The operational surplus from the unrestricted accounts is reflected in a significant increase of the free unrestricted funds balance, which amounted to US$ 1,068,376 at the end of 2006. This also included an allocation of US$ 50,000 to the statutory reserves, which stood at year end at US$ 250,000.

The fund balances for the restricted accounts reflected the increased expenditure on projects during the reporting period and stood at year end at US$ 2,200,091.

In 2006, the Board of Directors appointed a new Finance Committee that, together with the Treasurer, ensures that UICC’s finances are effectively used and managed.

We would like to thank all UICC member organizations for their loyal support. As the concept of national subscriptions was modified in 2006, it will be critical for UICC in future years to receive generous financial support from its members, in excess of the statutory annual dues, to ensure a stable organizational future and to engage in strategic activities. We also take this opportunity to furthermore express our gratitude to all our donors and supporters (see page 40), without whom UICC could not carry out its many activities.

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The International Union Against Cancer (UICC) is a non-profit, international, non-governmental organization governed in accordance with the 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.

UICC is governed by its member organizations, which meet in a General Assembly, held in conjunction with the UICC World Cancer Congress, every two years. Between assemblies, UICC is governed by a Board of Directors, elected by the General Assembly, which is responsible for programme structure and implementation. Its headquarters are in Geneva, Switzerland.

As a non-profit organization devoted to the public interest, UICC has been exempted from income taxes 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.

To support our work, visit the UICC website (www.uicc.org).
REPORT OF THE STATUTORY AUDITORS

To the Board of Directors of the
International Union Against Cancer, Geneva

We have audited the accounting records and the financial statements of the International Union Against Cancer for the year ended December 31, 2006.

The financial statements are the responsibility of the Union’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 (ISA), which require that an audit be planned and performed to obtain reasonable assurance about whether the financial statements are free of material misstatement. We have examined on a test basis evidence supporting the accounts and disclosures in the financial statements. We have also assessed the accounting principles used, significant estimates made and the overall financial statements presentation. We believe that our audit provides a reasonable basis for our opinion.

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

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

DELOITTE SA

[Signature]

April 30, 2007

Attached: Financial statements (balance sheet, statement of profit, revenue and expenses, and changes in fixed balances, statement of functional expenses and notes)
# Balance Sheet at 31 December in US Dollars

<table>
<thead>
<tr>
<th>Assets</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current accounts</td>
<td>186,464</td>
<td>1,070,173</td>
</tr>
<tr>
<td>Time deposits</td>
<td>2,725,781</td>
<td>2,353,048</td>
</tr>
<tr>
<td>Membership dues, net</td>
<td>28,600</td>
<td>1,567</td>
</tr>
<tr>
<td>Related parties</td>
<td>23,732</td>
<td>1,652</td>
</tr>
<tr>
<td>Other receivable</td>
<td>80,073</td>
<td>22,168</td>
</tr>
<tr>
<td>Pre-paid expenses</td>
<td>5,274</td>
<td>4,670</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>3,049,924</strong></td>
<td><strong>3,453,278</strong></td>
</tr>
<tr>
<td>Financial investments</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td>Fixed assets, net</td>
<td>43,498</td>
<td>44,598</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td><strong>793,498</strong></td>
<td><strong>794,598</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,843,422</strong></td>
<td><strong>4,247,876</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>194,695</td>
<td>149,421</td>
</tr>
<tr>
<td>Reserve for restricted currencies</td>
<td>14,267</td>
<td>12,188</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>37,927</td>
<td>650,183</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>246,889</strong></td>
<td><strong>811,792</strong></td>
</tr>
<tr>
<td>Translation difference</td>
<td>78,066</td>
<td>20,089</td>
</tr>
<tr>
<td><strong>Fund balance (unrestricted)</strong></td>
<td>1,068,376</td>
<td>727,540</td>
</tr>
<tr>
<td><strong>Statutory reserve (unrestricted)</strong></td>
<td>250,000</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>Trust funds (donor restricted)</strong></td>
<td>2,200,091</td>
<td>2,488,455</td>
</tr>
<tr>
<td><strong>Total fund balances</strong></td>
<td><strong>3,518,467</strong></td>
<td><strong>3,4154,995</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,843,422</strong></td>
<td><strong>4,247,876</strong></td>
</tr>
</tbody>
</table>

The figures presented on this page are a summary of the financial statements of UIIC. A complete set of the audited financial statements for 2006, including accompanying notes, may be obtained on request from the UIIC secretariat in Geneva.

# Income and Expenditure in US Dollars

<table>
<thead>
<tr>
<th>Income</th>
<th>2006 Unrestricted</th>
<th>2006 Restricted</th>
<th>2006 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants, contracts and donations</td>
<td>480,489</td>
<td>4,255,853</td>
<td>4,736,342</td>
</tr>
<tr>
<td>Membership dues</td>
<td>1,130,116</td>
<td>1,130,116</td>
<td>2,260,232</td>
</tr>
<tr>
<td>Corporate memberships</td>
<td>206,275</td>
<td>206,275</td>
<td>412,550</td>
</tr>
<tr>
<td>Publications</td>
<td>858,509</td>
<td>540,885</td>
<td>1,399,394</td>
</tr>
<tr>
<td>Various</td>
<td>124,651</td>
<td>124,412</td>
<td>249,064</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,800,040</td>
<td>4,921,150</td>
<td>7,721,190</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2006 Unrestricted</th>
<th>2006 Restricted</th>
<th>2006 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects and initiatives</td>
<td>251,883</td>
<td>4,569,299</td>
<td>4,821,182</td>
</tr>
<tr>
<td>UIIC congresses</td>
<td>177,326</td>
<td>177,326</td>
<td>354,652</td>
</tr>
<tr>
<td>Publications</td>
<td>9,123</td>
<td>640,215</td>
<td>649,337</td>
</tr>
<tr>
<td>Operating costs</td>
<td>1,970,870</td>
<td>1,970,870</td>
<td>3,941,740</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,409,203</td>
<td>5,209,514</td>
<td>7,618,716</td>
</tr>
</tbody>
</table>

Income over expenditure       | 390,837          | -288,363       | **102,474**|

| Fund balances, beginning of year | 727,540          | 2,488,454      | 3,215,994  |
| Allocation to statutory reserve | 50,000           | 50,000         | 50,000     |
| Fund balances, end of year      | 1,068,377        | 2,200,091      | **3,268,468**|

<table>
<thead>
<tr>
<th>2005 Unrestricted</th>
<th>2005 Restricted</th>
<th>2005 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>208,658</td>
<td>4,203,083</td>
<td>4,411,741</td>
</tr>
<tr>
<td>1,133,654</td>
<td>1,133,654</td>
<td>2,267,308</td>
</tr>
<tr>
<td>175,000</td>
<td>175,000</td>
<td>350,000</td>
</tr>
<tr>
<td>516,191</td>
<td>499,970</td>
<td>1,016,161</td>
</tr>
<tr>
<td>120,589</td>
<td>36,732</td>
<td>157,321</td>
</tr>
<tr>
<td>2,154,091</td>
<td>4,739,786</td>
<td><strong>6,893,877</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>2005 Unrestricted</th>
<th>2005 Restricted</th>
<th>2005 Total</th>
</tr>
</thead>
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</tr>
<tr>
<td>Membership dues</td>
<td>1,133,654</td>
<td>1,133,654</td>
<td>2,267,308</td>
</tr>
<tr>
<td>Corporate memberships</td>
<td>175,000</td>
<td>175,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Publications</td>
<td>516,191</td>
<td>499,970</td>
<td>1,016,161</td>
</tr>
<tr>
<td>Operating costs</td>
<td>120,589</td>
<td>36,732</td>
<td>157,321</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2,154,091</td>
<td>4,739,786</td>
<td><strong>6,893,877</strong></td>
</tr>
</tbody>
</table>

Income over expenditure       | 100,154          | 3,168,461      | 3,268,615  |

Expenditure                   | 2,668            | 644,571        |
| TOTAL                         | 2,031,224        | 2,031,224      |

| Fund balances, beginning of year | 765,278          | 1,559,032      | 2,324,309  |
| Allocation to statutory reserve | 50,000           | 50,000         | 50,000     |
| Fund balances, end of year      | 727,540          | 2,488,454      | **3,215,994**|
UICC Contributors 2006

<table>
<thead>
<tr>
<th>Organization</th>
<th>US dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centres for Disease Control and Prevention, USA</td>
<td>1,119,438</td>
</tr>
<tr>
<td>American Cancer Society, USA</td>
<td>984,000</td>
</tr>
<tr>
<td>Merck, USA</td>
<td>340,000</td>
</tr>
<tr>
<td>National Cancer Institute, USA</td>
<td>322,500</td>
</tr>
<tr>
<td>Sanofi-aventis, France</td>
<td>313,722</td>
</tr>
<tr>
<td>Cancer Research UK</td>
<td>240,975</td>
</tr>
<tr>
<td>John Wiley &amp; Sons, USA</td>
<td>205,000</td>
</tr>
<tr>
<td>Rockefeller Foundation, USA</td>
<td>186,225</td>
</tr>
<tr>
<td>European School of Oncology, Italy</td>
<td>173,414</td>
</tr>
<tr>
<td>Japan National Committee for UICC</td>
<td>140,000</td>
</tr>
<tr>
<td>Bristol-Myers Squibb, USA</td>
<td>131,200</td>
</tr>
<tr>
<td>International Cancer Foundation, Switzerland</td>
<td>128,747</td>
</tr>
<tr>
<td>European Community (via QUIT, UK)</td>
<td>110,698</td>
</tr>
<tr>
<td>Norwegian Cancer Society</td>
<td>62,231</td>
</tr>
<tr>
<td>Office fédérale de la santé publique, Switzerland</td>
<td>60,000</td>
</tr>
<tr>
<td>Pfizer Oncology, USA</td>
<td>60,000</td>
</tr>
<tr>
<td>Ligue nationale contre le cancer, France</td>
<td>55,087</td>
</tr>
<tr>
<td>The Cancer Council Australia</td>
<td>32,205</td>
</tr>
<tr>
<td>Novartis Oncology, Switzerland</td>
<td>31,275</td>
</tr>
<tr>
<td>American Society of Clinical Oncology, USA</td>
<td>30,000</td>
</tr>
<tr>
<td>Oncology Nursing Society, USA</td>
<td>30,000</td>
</tr>
<tr>
<td>Susan G Komen for the Cure, USA</td>
<td>29,700</td>
</tr>
<tr>
<td>National Cancer Institute, Canada</td>
<td>28,000</td>
</tr>
<tr>
<td>Dutch Cancer Society</td>
<td>25,425</td>
</tr>
<tr>
<td>National Center for Tobacco-Free Kids, USA</td>
<td>20,483</td>
</tr>
<tr>
<td>Associazione Italiana per la Ricerca sul Cancro, Italy</td>
<td>18,000</td>
</tr>
<tr>
<td>World Heart Federation, Switzerland</td>
<td>15,000</td>
</tr>
<tr>
<td>GlaxoSmithKline, UK</td>
<td>12,492</td>
</tr>
<tr>
<td>Danish Cancer Society</td>
<td>11,000</td>
</tr>
<tr>
<td>Framework Convention Alliance, Switzerland</td>
<td>10,000</td>
</tr>
<tr>
<td>Cancer Society of Finland</td>
<td>6,324</td>
</tr>
<tr>
<td>Relay For Life</td>
<td>81,332</td>
</tr>
<tr>
<td>Roll of Honour</td>
<td>2,236</td>
</tr>
<tr>
<td>Sundry contributions</td>
<td>14,477</td>
</tr>
</tbody>
</table>

**Royalties**

- International Journal of Cancer 830,987
- Other publications 27,523
UICC is grateful to the corporate partners and donors who contributed to our work in 2006. Many of the activities described in this annual report would not have happened without their generous support.

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Annual Report 2006

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

resource for action
voice for change