1. INTRODUCTION

The first period of the Agency's operation has been largely exploratory in the formulation of the role of the Agency in international cancer research. It is now clear that the Agency's task is to concentrate on the relationship of environment to human cancer and in this way lay the foundation for possible future prevention. Thus, the Agency has on the one hand the role of applying existing knowledge and techniques to solving specific problems in human carcinogenesis, and on the other hand it must clearly extend its studies in further depth to the environmental biology of cancer, since, in contrast to the communicable diseases, the etiology of most malignant neoplasms is unknown. While the Agency will concentrate its programme of research on epidemiology and on environmental biology of human cancer, the Cancer unit of the World Health Organization will in the future expand its activities on cancer control. Close liaison will be maintained between the Agency and the Cancer unit and other appropriate units in WHO.

For the implementation of its scientific programme the Agency is developing a series of regional centres. Two of these have now been established at Nairobi and at Singapore. Additional collaborating centres utilizing established institutions will be set up for the pursuit of specific research projects.

2. SCIENTIFIC PROGRAMME

The following studies are either in progress or are being developed.
2.1 Epidemiology and biomathematics

The Agency, in collaboration with other interested organizations, is developing a programme to facilitate better understanding of the global distribution of cancer. It is believed that when this programme has fully developed, it should be possible to have information on the incidence of cancer, in considerable detail, from approximately 40 countries in the first instance. The Agency will concentrate chiefly on the development of specific analytical research programmes.

Special attention will be paid to identification of cancer problems of unusual interest for later investigation in depth.

A biomathematics unit will be established in relation to this programme for the development of the necessary theoretical models.

2.2 Migrant populations

A study of cancer patterns in a migrant population has been developed and this is being integrated with similar studies in other countries to determine the significance of environmental factors.

2.3 Industrialization

Studies are contemplated on the correlation of specific cancer patterns with socio-economic development and industrialization. A study is under way in four countries to establish the role of various types of asbestos in the causation of cancer of the lung and other sites.

2.4 Techniques for carcinogen estimation

In view of the difficulties in quantitating environmental carcinogens, a programme has been started to determine whether suitable techniques can be developed to permit identification of carcinogens in human tissues, or of markers indicating previous exposure. This will facilitate comparative studies in population groups of high and low cancer incidence.

2.5 Computerized carcinogen registry

The possibility of establishing a registry of carcinogens, based on a computer, is currently under way.
2.6 **Cancer in domesticated animals**

It is intended to explore the value of epidemiology of spontaneous tumours in domesticated and other animals, to clarify the role of suspected environmental carcinogens in humans.

2.7 **Advanced environmental biology**

Studies are being developed on how best to apply laboratory disciplines, such as immunopathology and endocrinology, to field epidemiological studies.

2.8 **Human liver cancer**

A programme is being developed to identify etiological factors in human liver cancer using a multi-discipline approach. Naturally occurring carcinogens are being investigated and special attention is being given, in view of the economic importance, to the possible carcinogenic role of aflatoxin in staple foods.

2.9 **Human gastro-intestinal cancer**

A retrospective study is being developed, in which several centres will collaborate, to determine etiological factors in cancers of the gastro-intestinal tract, in view of their major significance in industrialized countries.

2.10 **Reticulo-endothelial stimulation**

Studies at both the laboratory and field level are under way to determine the role of prolonged reticulo-endothelial stimulation on observed incidence of certain tumours, particularly in African and Asian countries.

2.11 **Fellowship programme**

In 1966, 24 research training fellowships and 17 research travel fellowships were awarded. This programme is being expanded in 1967.

3. **ADMINISTRATION AND FINANCE**

As already reported in Official Records No. 156, the Director of the Agency assumed his duties on 1 July 1966. One of his main tasks was to prepare before the end of 1966 the proposed Programme and Budget Estimates for 1968 together with
proposed revisions for 1967. These proposals were reviewed by the Scientific Council at their second session on 8-10 February 1967 and by the Governing Council on 27-28 April 1967.

3.1 Budget

Taking into account the recommendations of the Scientific Council, the Governing Council approved the revised budget estimates for 1967 of $1,200,000; and for 1968 the Governing Council appropriated $1,600,000.

The Council also reviewed the financial operation of the Agency for 1966 and accepted contributions from private individuals amounting to $2810.15.

3.2 Admission of the Netherlands as Participating State

At its meeting of 27-28 April 1967, the Governing Council decided to admit the Netherlands as a Participating State. The states participating in the Agency are now nine in number, namely: Australia; Federal Republic of Germany; France; Israel; Italy; Netherlands; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland, and United States of America.

3.3 Host Agreement

The test of the Host Agreement together with the related exchange of notes was signed in Paris on 14 March 1967 between the Government of France and the World Health Organization. This Agreement, approved by the Governing Council, has been transmitted by the Director-General to the Twentieth World Health Assembly for approval (document A20/AFL/7).