World Cancer Day 2006 will focus on childhood cancer

Cancer is the second highest cause of death in children aged between one and fourteen.

Significant advances have been made in diagnosis and therapy during the past four decades, and the good news is that childhood cancer can largely be cured if detected early. Yet in developing countries, three in five children with cancer still die.

The International Union Against Cancer (UICC) invites its member organisations and other partners to dedicate World Cancer Day 2006 to childhood cancer, under the slogan "My Child Matters".

World Cancer Day will take place on Saturday 4 February 2006 and focus on early detection and equal access to treatment, as well as celebrating the lives of all children around the world in the fight against childhood cancer.

Members around the world will join together to organise a wide range of educational activities and fundraising events.

"Forty years ago, childhood cancer in developed countries was almost uniformly fatal," says John R. Seffrin, UICC's President. "Vigorous action has changed that picture dramatically, so that today, most children live. In developing countries this is not the case, and the majority of children with cancer are still dying. Across the globe, we need to make surviving cancer the rule, not the exception. UICC is funding specific projects to help make this happen, and we hope that others will follow our lead. The time to act is now, so that together we can help save children's lives."

Read more: www.uicc.org/index.php?id=1170

My child matters: new €700,000 initiative to tackle cancer in children in the developing world

14 innovative projects in Bangladesh, Egypt, Honduras, Morocco, the Philippines, Senegal, Tanzania, Ukraine, Venezuela, and Vietnam will receive up to €50,000 each in 2006 to improve cancer care for children.

Governments in the developing world cannot afford to make childhood cancer a priority in health care, and external donations and aid programmes are rarely earmarked for this purpose.

"And yet 80% of all children with cancer live in the developing world", says Isabel Mortara, UICC's Executive Director. "Many children are never diagnosed at all, many are diagnosed too late, and
when a diagnosis is made the treatment options may be limited. Relatively little money could make important inroads into this situation."

The 14 projects will receive funding as part of UICC’s World Cancer Campaign. They cover a wide range, from provision of psychosocial and nutritional support to the setting up of satellite clinics through the internet to try to make treatment more accessible. The initiative was launched by UICC in partnership with sanofi-aventis, the Paris-based pharmaceutical group, with additional funding from the US National Cancer Institute.

"The standard of the proposals was extremely high; it is indeed a pity that we cannot fund them all," notes Franco Cavalli, chair of the UICC committee that selected the recipients. The 14 projects were chosen for their feasibility, potential benefits, accountability, and sustainability, and the "possibility of their serving as models for other countries". Read more: thelancet.com/journals/eop

Stéphane Lambiel, world figure-skating champion, to champion UICC's childhood cancer campaign

Once upon a time there was a little boy, born under a good star, who received three gifts that are not given to everyone: determination, artistic feeling, and charisma.

At the age of seven, he followed his older sister, Silvia, on to the ice rink in Sion in the Swiss canton of Valais and discovered the pleasures of skating. At eleven, he became the Valais champion. After that, everything went like clockwork.

In March this year, at the World Figure-Skating Championships in Moscow, Stéphane Lambiel, six times Swiss champion (and with two junior titles before that), received the ultimate accolade, defeating all comers to be crowned world champion.

The Little Prince is one of Stéphane's favourite books and, truth to tell, he has something of the innocence and spontaneity of Antoine St-Exupéry's creation. He shows us the magic of figure skating – "that exquisite mixture of art and strength, talent and hard work, passion and precision, where the difference between glory and disaster is like the fine edge of a blade." And in his success, he has kept that innocence.

He is a patron of the "Moi Pour Toit" foundation, created by Christian Michellod to come to the aid of street children in Colombia.

And now he has agreed to serve as UICC’s ambassador in our childhood cancer campaign. We wish him well as he prepares to skate for gold in the Winter Olympics in Turin, Italy, in February. Read more: www.stephanelambiel.ch

Resources for World Cancer Day

Now available from UICC is a CD-ROM with key messages to be used in any media materials for World Cancer Day, a launch press release and fact sheet, and a diary note to send to news desks and broadcasters’ forward planning desks. Also included are a template leaflet and poster to which you may add your organisation’s logo and local sponsor logos where needed, and an images folder with photographs and logos in jpeg format.

Also available is "Putting Cancer on the Global Agenda", an 8-minute UICC DVD focusing on cancer in the developing world, which has been broadcast on BBC World, French, German and Turkish television, and MTV and was shown repeatedly during the 58th World Health Assembly in May.

Contact us: info@uicc.org
New steps in childhood cancer research

Tim Eden, President of the International Society of Paediatric Oncology (SIOP), explains to UICC eNews how things have changed in the last forty years

The tremendous advance in cure rates for childhood leukaemia and solid tumours in recent decades was attained initially by using an emerging range of cytotoxic (cell-killing) agents. These cytotoxics were applied empirically, with or without radiotherapy, and then adjusted systematically in randomised control trials. Thankfully, the rarity of most childhood tumours and the "gambles" that were forced on practitioners in the early days led to worldwide information-sharing and collaboration, particularly between Europe and the USA.

Modern molecular and imaging technology is now enabling us to identify, quite early in treatment, those children who harbour microscopic or small-volume macroscopic disease that cannot be detected by conventional haematology, cytology and radiology.

A good example is the use of molecular markers to define minimal residual disease in acute leukaemia. Trials are being conducted in Europe and America to define early rapid responders, to whom it may be possible to give less intense treatment, and those with slow early response, who may need intensified therapy. These techniques identify disease not visible by routine inspection of blood or bone marrow.

A second example is the use of PET scanning for children with lymphomas where there may be a residual mass within lymph nodes or the thymus and we are not sure whether the tumour is active or inactive.

Applying these techniques in clinical trials will tell us whether they truly do enable us to define different risk groups or enable us to adjust therapy appropriately. Merely defining the presence of disease is not enough if we do not have the alternative therapy to hit such resistant disease when we identify it.

The human genome project has revolutionised our understanding of gene expression, amplification and down regulation, both within tumours and in the host's response mechanisms. Increasingly the focus is shifting towards protein function and how we can use our knowledge to develop functional inhibitors. Our growing recognition of tumour-specific gene translocations, with consequent altered protein function, has led to a whole new industry of identifying targets and developing specific inhibitors.

Paediatric oncology has greatly benefited from "adult" cancer research, e.g. with the tyrosine kinase inhibitors. Proportionally, seven to eight times more children than adults have been recruited into Phase 3 clinical trials. In part because most childhood tumours are relatively sensitive to treatment, when compared with adult carcinomas, and in part through luck or good judgement in therapy decisions, these trials have yielded good results.

Pharmaceutical companies and the medical professions have always been more reluctant to allow testing on children than on adults. As a result, we have lagged behind our "adult" colleagues in developing and applying new chemotherapy agents.

New regulations in both the USA and Europe are changing that. There is now a worldwide collaboration to use targeted therapy for children with cancer who show early failure of response or relapse early. It is absolutely essential to conduct such experimental treatment in controlled Phase 1 or Phase 2 studies, and not scatter it about indiscriminately under "compassionate use" clauses. We will learn the true value of new therapies and approaches only if we use them in an organised and cooperative fashion.

Advocacy and support

Candlelighters Childhood Cancer Foundation
"Because kids can't fight cancer alone!"

Candlelighters Childhood Cancer Foundation, established in Washington DC in 1970, led the way in having childhood cancer recognised in US health-care policy. It remains the "voice" of childhood cancer on many national and international cancer committees, including C-Change, the Federal Drug Administration, the Alliance for Childhood Cancer, and the International Confederation of Childhood Cancer Parent Organisations.

Local chapters were formed across the country to meet the need for family and patient support groups. Today there are 41 formal affiliates in 27 US states and chapters in England and Canada.
Candlelighters provides free information (over 110,000 books and articles), self-help, and hospital-based services to tens of thousands of childhood cancer patients and families each year. It refers families to appropriate clinical trials, treatment facilities, and ombudsman programmes that help them to navigate the complex US health-care reimbursement system.

Recent publications include the Spanish translation of a popular Candlelighters’ sibling book (La Historia de Oliver: Para los Hermanos de Niños con Cáncer). Candlelighters has also launched its Hero Bead programme, with different necklace beads representing specific types of treatment or milestones in treatment. The resulting necklaces are a memento of the childhood cancer patient’s difficult yet heroic battle with this disease.

In December each year, a 25-foot National Awareness Holiday Tree is set up in the Old Post Office Pavilion in downtown Washington DC. Thousands of gold ribbons are placed on the tree, each bearing the name of a child who has or has had cancer. A separate "Angel Tree" symbolises those children who lost their battle with cancer, and a "Survivor Tree" draws attention to the late effects (cognitive, neurological, endocrine, cardiotoxicity) of cancer treatment.

The Leukaemia and Lymphoma Society recently presented its Tree of Life Award to Ruth Hoffman, Candlelighters’ Executive Director since 1999, for her efforts on behalf of children and families with cancer. Ms Hoffman is a cancer parent herself: her daughter, Naomi, survived a battle with acute myeloid leukaemia (AML) in 1987. Now 25, Naomi is successfully navigating numerous late effects of treatment, including a treatment-related secondary cancer, and works as a coordinator of cancer clinical trials.

Candlelighters is grateful for the UICC focus on childhood cancer and will be an enthusiastic participant in World Cancer Day. On 4 February 2006, Candlelighters plans to release on its website a professional photo essay of America’s children with cancer, the work of photographers Jed Share and Trevor Romain. Childhood cancer remains the number one disease killer of US children!

Read more: www.candlelighters.org

Cancer control

Sutcliffe declares first International Cancer Control Congress a success

Sharing knowledge and learning together internationally will be the key factor in slowing the growth of the worldwide cancer epidemic in the 21st century.

Short of unprecedented breakthroughs, cancer control as practised today – even in high-income countries – is incapable of significantly reducing the personal, social and economic burden of cancer. Yet we know much more about cancer control than we currently practise.

The first International Cancer Control Congress brought together delegates from 65 countries in Vancouver, Canada, in October, to share strategies and experiences – with an emphasis on the science underlying cancer control, what population-based programmes are effective, key elements for maximum impact, and dynamic collaboration.

The aim is to build an international community of practice involving global stakeholders such as UICC and WHO, along with interested countries and organisations.

The congress was chaired by Simon Sutcliffe, President of the British Columbia Cancer Agency (a UICC member), who pointed to its success in allowing interaction and information-sharing among delegates from a wide range of high-, middle- and low-income countries. A report on next steps will be issued shortly, and a second congress is expected in 2007 or 2008, perhaps in a developing country.

Read more: www.cancercontrol2005.com
At the end of November, Franco Cavalli, UICC's President-elect, visited Lima, Peru. He was there to teach in an advanced course on malignant lymphomas, gastric cancer and cervical cancer organised by the European School of Oncology (ESO) and the Instituto Nacional de Enfermedades Neoplásicas (INEN), together with Fundaleu, the anti-leukaemia foundation based in Argentina.

Lima has a well-established network of oncological institutions, centred on the large and efficient INEN headed by Carlos Vallejos Sologuren, but there is currently a move to decentralise treatment, to serve the two-thirds of the population who live outside the capital better.

Peru has a high incidence of poverty-related tumours, e.g. cervical cancer and stomach tumours. In conversations with Dr Cavalli, all UICC members in Peru emphasised the need to revamp and relaunch a national cancer control plan, with the early diagnosis of cervical cancer – the number one killer for women – as a first priority. Dr Cavalli discussed the problem also with the President of the Peruvian Congress, Marcial Ayairoma, who is a physician. Everyone welcomed with great enthusiasm UICC’s goal to help to establish a cancer control plan in every country during the next ten years.

UICC representatives and distinguished Peruvian physicians and health professionals will meet again during the World Cancer Congress in Washington DC in July to discuss how to implement a UICC-led plan for the early detection of cervical cancer.

Cervical cancer a priority in Peru, UICC members say

Mom was right – you should eat your vegetables

Joe Harford of the US National Cancer Institute reports on the American Association of Cancer Research conference held in Baltimore, Maryland, at the beginning of November

Many presentations at the Frontiers of Cancer Research conference focused on the links between diet, weight and cancer.

The advantages of avoiding weight gain as an adult and losing weight (and keeping it off) were strong take-home messages.

New statistics suggest that if no one in the US were overweight or obese, as many of 100,000 cancer cases each year could be avoided. That's 10% of the US total.

The contribution varies considerably from one cancer site to another, for example:

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>approximately 18,000 (11%)</td>
<td></td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>roughly 20,000 (49%)</td>
<td></td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>over 11,000 (31%)</td>
<td></td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>over 11,000</td>
<td></td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>5,500 (39%)</td>
<td></td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>4,500 (14%)</td>
<td></td>
</tr>
</tbody>
</table>

These estimates are particularly worrisome, given that overweight and obesity in the US are increasing.

Data were cited from four studies suggesting that women who lose 5 to 20 pounds reduce their risk of breast cancer significantly. In addition to cancer risk, other chronic diseases such as diabetes, heart disease, and stroke are also linked to being overweight or obese.

At a news conference held during the meeting, William G. Nelson of Johns Hopkins University spoke of the newly discovered cancer-fighting compounds in vegetables.

"Basic research is discovering more and more about the cancer-preventing properties of things we are eating," Nelson said. "Having more fruit and vegetables in the diet has more and more evidence to support it."

Specific vegetables and herbs, such as broccoli sprouts, cabbage, garlic, and ginkgo biloba, were highlighted as containing agents that may help prevent cancer. One study linked the consumption of broccoli sprouts – two- to three-day old broccoli plants – to decreased infection with Helicobacter pylori, the bacterium linked to stomach cancer. Yet another study reported that women who, for six months or longer, took ginkgo biloba, a dietary supplement derived from the ginkgo tree, reduced their risk of ovarian cancer risk by as much as 60%.

Studies found that breast cancer risk may also be lowered by eating lightly cooked cabbage or sauerkraut three times a week or more. In another study, diallyl sulphide
(a flavour component of garlic) was shown to reduce the DNA damage in cultured breast epithelial cells that had been treated with a suspected carcinogen that is produced when protein-rich foods such as meat and eggs are cooked at high temperatures.

Also reported were results from the Black Women's Health Study, which collected information on dietary intake from more than 50,000 African-American women – the largest study to date of the role of diet in breast cancer in this group of women.

It was found that women who consumed more foods from a "western diet" (high in refined grains, red meats, processed meats, high fat dairy, eggs, fries, sweets, soda, and snacks) appeared to be at higher risk of breast cancer than those who had higher consumption of foods from a "prudent diet." The "prudent diet" features more vegetables, fruits, whole grains, cereals, fish, poultry, and beans. When stratified by body mass index, women who were not obese and who consumed the most foods from the "prudent diet" appeared to have the greatest protection from breast cancer.

"Although there have been great strides in cancer treatment, the prevention of cancer is our goal in turning this life-threatening disease into a chronic illness," Nelson said.

"The integration of new technologies and medicines are improving our understanding of the preventive value of certain agents against cancer throughout the body".

Read more: www.aacr.org

Swiss trains go smoke-free

Smoking is banned throughout Switzerland's public transport system as from 11 December. Passengers will benefit from fresher air on trains and from freeing up seats previously reserved for smokers. Non-smokers and train crews will no longer be exposed to secondary smoke.

The move reflects a European trend.

A general ban on smoking was introduced on Italian trains in 2004 – similarly in Belgium, the Netherlands, Norway and Sweden and (except for very long journeys) also in Finland and Spain.

Smoking was banned on French high-speed trains (TGV) in 2004. And from next year all trains in France are to be smoke-free.

The trend in Germany and Austria is also clear: smoking bans are already in place on regional and local services, and the number of smokers' seats has been reduced on long-distance trains.

Most Swiss also back a ban on smoking in public places, according to a survey released by the Swiss Anti-Cancer League at the beginning of the month.

Three out of four respondents said they would like to see a smoking ban inside public buildings, the survey by Lausanne University reported. Just over 64% want to outlaw smoking in restaurants and bars, with more than 62% supporting such a ban in the workplace.

Cancer information

How to start a cancer information service

In 2004 UICC and the International Cancer Information Service Group (ICISG) became partners, to strengthen the provision of cancer information.

Together we are developing a web-based "How-To" toolbox that will be launched on 8 July 2006, just before the UICC World Cancer Congress in Washington DC.

We invite our member organisations to register for a pre-congress workshop, based on the toolbox, from 9 a.m. to 4 p.m. on 8 July. The workshop is designed for 25 participants from organisations that are planning a new cancer information service or are interested in starting one.

Workshop objectives are to understand the components of a cancer information service, become familiar with the toolkit, understand how to get support from ICISG members, learn from experts and share information. Participants may also have individual consultations with CIS experts.

Registration for this workshop is required. If you are interested in attending or need more information, please contact Ana Olivera: olivera@uicc.org

Shorter workshops in English and French will be held during the congress itself.
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.

Patient forums can also be used to collect and disseminate data and information, raise awareness of cancer as a chronic problem, provide new opportunities for advocacy and policy formation, and help identify the infrastructure and resources needed to tackle the cancer burden better.

Patients and their families can help cancer organisations to learn what is working well and what is not. Their voice is a powerful advocate for improvements in attitudes, knowledge, practice, policy, systems and services.

To encourage the creation of patient forums, UICC has set up a seed grant and auspice programme. Guidelines are also available to assist its members in planning, implementing, and reporting patient forums.

UICC will support interested member organisations by providing

- an international voice
- opportunities for training and technical assistance
- networking, information and global reports.

Contact us for more information or to apply for seed grants or auspices: olivera@uicc.org

UICC offers seed grants and auspices to let patients be heard

Five years ago, the Charter of Paris set 4 February as World Cancer Day. Among the first to observe the day has been the Cancer Association of South Africa (CANSA). In 2006, these pioneers will be joined by many UICC members, including the Irish Cancer Society. Here, we profile our two member organisations.

Cancer Association of South Africa

The Cancer Association of South Africa turns 75 in 2006 but is not yet ready to retire. It faces a challenging task in a time of HIV/AIDS, which has infected over 25% of the population, brought about a dramatic increase in AIDS-related cancers such as Kaposi’s sarcoma, and placed a huge strain on health care in South Africa.

In response, CANSA is reinventing itself, widening its focus from cancer research and patient services to include prevention, early detection, and advocacy and lobbying campaigns.

"One in four South Africans will be diagnosed with cancer in their lifetime," says Niamaat Gamildien, CANSA’s Chief Executive Officer. "CANSA has to adopt a multi-pronged approach to reduce the incidence and improve the survival rate."

Regional offices reach communities in all provinces through public education, health awareness, screening, support groups, counselling, volunteer training and management, and community home-based care.

Nationally, CANSA runs a radio campaign that reaches millions of listeners through talk shows. A multilingual toll-free information centre helps and counsels newly diagnosed patients, informs people about various cancers, and tells them how to access CANSA services.

CANSA researches the barriers to cancer control in the community and develops strategies to remove them. Central to these strategies is an emerging coalition of cancer organisations in South Africa. The coalition is pressing the Department of Health to make cancer control a national priority. A key concern is what can be done to make care and support available to all, and not only those who can afford costly health insurance.

On World Cancer Day 2005, CANSA joined with the Department of Health and other cancer organisations to hold a successful community event in Delft, a small town outside Cape Town. The Minister of Health, Dr Manto Tshabalaba-Msimang, was the guest speaker. Over 1,500 people took part in the event, which included exhibitions, cultural events, a candlelight ceremony, speeches from cancer survivors and others, PSA screenings for prostate cancer, and Pap smears to test for cervical cancer. The whole event was broadcast live on a community radio station, and many other media interviewed CANSA staff before, during and afterwards, greatly increasing its impact.

"As an organisation and as a coalition of cancer organisations, we have decided that we will use World Cancer Day each year to highlight the cause of cancer control," Gamildien says.

Read more: www.cansa.org.za

Zagrah, a teenage cancer survivor, spoke at World Cancer Day 2005 in Delft, in South Africa’s Western Cape.
Irish Cancer Society

Cancer is the largest cause of death in the Irish population. The growth in cancer incidence – one in three people living in Ireland will develop cancer – puts increasing demands on the Irish Cancer Society.

After an exciting year in 2004 that culminated in hosting the fourth World Conference for Cancer Organisations for UICC, the Society relocated to new larger premises in Dublin to accommodate the expansion of its existing services and the development of new patient-orientated services.

These include free professional counselling for cancer patients and their families and a training centre for volunteers. ICS also funds 23 oncology liaison nurses in Ireland's major cancer treatment hospitals and has committed €2 million to nationwide cancer home-care teams and a night nursing service.

The greatest challenge for ICS is the wider national and international battle against cancer.

"In 2005 we ran our most extensive Breast Cancer Awareness Month campaign ever and were delighted to secure actress Victoria Smurfit as our new Action Breast Cancer patron," says Jane Curtin, the ICS Communications Manager. "We have also just run our third men's cancer action week, a public awareness campaign to raise awareness of the incidence of the common cancers amongst men. The focus of this year's campaign was to encourage men to maintain a healthy weight to help reduce their risk of cancer."

The Society also allocated €2 million to cancer research in Ireland in the past year. This research is conducted to the highest international standards to identify risk factors, cellular mechanisms, and the most effective combination of therapies in treating cancer.

In 2006, ICS will focus on prostate cancer and cervical cancer.

Relay For Life
Passing on the baton

Eckernförde on the Baltic coast was the venue for Germany's first Relay For Life in August this year. Four hundred people attended the cancer awareness and fundraising event, which raised €12,000 for the local cancer society, the Schleswig-Holsteinische Krebsgesellschaft.

"We have united cancer survivors, their family and friends, and the medical community in educating people about this disease while raising funds for cancer control research, programmes and services," said Gabrielle Schumacher of the Krebsgesellschaft. "This unique event is very important for Germany, and we are glad it was such a success."

As Relay For Life celebrates its 20th anniversary in the US, it also celebrates the spread of the Relay movement into 19 countries.

In 2005, Belgium, Germany, Mexico, Portugal and South Africa held their first Relay events.

In early 2006, events are planned in Australia, Brazil, Honduras, Malaysia, New Zealand, and the Philippines.
Over 4,000 cancer professionals have benefited from UICC’s International Cancer Fellowships since they were established in 1961. Currently, 200 fellowships are on offer each year, to advance, transfer and disseminate cancer knowledge from those who have it to those who need it.

UICC expresses its appreciation to the organisations and individuals who sponsor the UICC fellowships. These include the American Cancer Society; the American Society of Clinical Oncology; the Association of UICC Fellows; the Cancer Council Australia; Cancer Research UK; the Cancer Society of Finland; the Canadian Cancer Society; the Danish Cancer Society; the Dr Mildred Scheel Foundation (Germany); the Dutch Cancer Society; the French National League Against Cancer; the Italian Association for Cancer Research; the Japan national committee for UICC; the Kyowa Hakko Kogyo company (Japan); the National Cancer Institute (USA); Novartis Oncology; the Oncology Nursing Society and its related corporations; the Swedish Cancer Society; Toray Industries (Japan); and the William L. Rudder Memorial Fund (Australia).

### Fellowship awards in 2005, to date

<table>
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<th>Fellowship</th>
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<td>21</td>
<td>4</td>
<td>222,000</td>
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<tr>
<td>ACSBI</td>
<td>1 Dec</td>
<td>17</td>
<td>9</td>
<td>313,651</td>
</tr>
<tr>
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<td>1 Jan, 1 Jul</td>
<td>39</td>
<td>13</td>
<td>119,839</td>
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<tr>
<td>ICRETT</td>
<td>Any time</td>
<td>183</td>
<td>129</td>
<td>416,276</td>
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<tr>
<td>ICRETT Teaching Faculty</td>
<td>Any time</td>
<td>14</td>
<td>13</td>
<td>65,616</td>
</tr>
<tr>
<td>IONF</td>
<td>1 Nov</td>
<td>23</td>
<td>11</td>
<td>30,206</td>
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<tr>
<td>APCASOT</td>
<td>1 Sept</td>
<td>9</td>
<td>6</td>
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</tr>
</tbody>
</table>

A further USD 240,858 was committed to tobacco control fellowships.

### Off the press

**International Cancer Fellowships**
UICC, Geneva, revised 2005; 20 pages; distributed to UICC members and on request

UICC International Cancer Fellowships play a major role in UICC’s vision and mission. They allow investigators, clinicians, public health professionals, nurses, and cancer society staff and volunteers to acquire, exchange and disseminate knowledge, skills and expertise to aid in the struggle against cancer. This booklet sets out the fellowship and training schemes currently managed by UICC. An updated set of fellowship flyers is also available.

**Pathology and Genetics of Skin Tumours**
Philip LeBoit, Günter Burg, David Weedon and Alain Sarasin, editors
IARCPress, Lyon, 2006; 356 pages; 684 colour illustrations; ISBN 92 832 2414 0; US$ 110

This is the latest volume in the new WHO series on histological and genetic typing of human tumours. This authoritative, concise reference book, prepared by more than 150 authors from 20 countries, is an international standard for dermatologists, pathologists and oncologists and an indispensable guide in the design of studies monitoring response to therapy and clinical outcome.
Conferences and training

2006 International Cancer and Tobacco Control Conferences

UICC World Cancer Congress 2006
Washington, DC, 8-12 July 2006
The congress will help to transfer leading-edge scientific cancer research from the laboratory into health-care practices in diverse communities worldwide. By bringing together medical, public health, and organisational leaders, it will build capacity to develop effective, data-driven plans for cancer control.

13th World Conference on Tobacco OR Health
Washington, DC, 12-15 July 2006
The conference will unite thousands of tobacco control professionals in a comprehensive global effort to reduce tobacco use. Participants will learn about successful tobacco control efforts, best practices, and effective intervention techniques around the world.
Read more: www.2006conferences.org

International Research Conference on Food, Nutrition and Cancer
Washington DC, 13-14 July 2006
This annual conference is organised by the World Cancer Research Fund and the American Institute for Cancer Research.
Read more: www.aicr.org/conference/

Jagruti: The Awakening
3rd Asia-Pacific Reach to Recovery International Breast Cancer Support Conference
Mumbai, India, 7-10 November 2006
In Indian lore, Jagruti 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 cope with their cancer.
The conference is organised by a coalition of six Indian NGOs: Cancer Patients Aid Association, Indian Cancer Society, Mastectomees Association (India), Passages, Tata Memorial Hospital, V Care Foundation, and Women's Cancer Initiative (Savera).
Read more: www.jagruti.org.in

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Submissions are welcome and should be sent to enews@uicc.org
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