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75th Anniversary

# THE UICC

## fifty years (1983)

### in the service of mankind

Over half a century ago (October, 1933), the International Union Against Cancer (UICC) was inaugurated. The occasion was a cancer Congress in Madrid. Before the closing ceremony Dr. Jacques Bandaline, of France, arose and forcibly declared: "I wish to move a motion calling for the creation of an international organization to promote the fight against cancer through research, therapy and the development of social activities." Dr. Bandaline's proposal was voted unanimously and greeted by prolonged applause.

The need for an international organization to cope with some of the worldwide problems created by cancer and to attempt to control the disease and coordinate research had been felt for several years.

#### WHAT IS THE UICC?

The International Union Against Cancer (UICC) is a world federation of non-governmental agencies and organizations which combat cancer.

Its members are voluntary anti-cancer organisations, such as leagues, societies or associations, foundations, comprehensive cancer institutions or cancer research and treatment centres, specialized hospitals, and in certain countries, ministries of health.

The UICC, a non-governmental organization, derives its income from dues paid by leagues, societies, foundations, private donors, and other institutions.

During 1983, the Union had 238 members in 80 countries, and an annual budget of over three million US dollars.

Soon after World War I, scientists and physicians from many countries found it necessary to meet and exchange opinions about their work and their observations. A meeting took place in Amsterdam, in 1922, and the discussions focused mainly on the finding made by Japanese scientists that tar was carcinogenic for rabbits and mice.

Three years later a symposium, held under the auspices of the American Society for the Control of Cancer, was convened at Lake Mohonk in the United States. Several participants described the progress made in radiation therapy. A 15-point resolution was passed emphasizing the need to organize cancer control on a worldwide scale.



Brussels, September, 1936.  
Plenary session of the 2nd International Cancer Congress.

In 1928, another world Conference took place in London. The aetiology of the disease and occupational cancers were the main topics discussed. An important question which again recurred was the need for the world scientific community to have an international organization.

Obviously a number of activities in the medical field, particularly cancer, can only be carried out, on a worldwide scale, by an international organiza-

tion, Disease, epidemics, pollution do not stop at frontiers. Research needs to be internationally coordinated to avoid waste and duplication. Information must flow rapidly from one country to another. Statistics have to be standardized in order to be comparable. Efforts to establish an international organization had previously failed for various reasons, including possibly national or personal prestige. Thus the Madrid decision marked the beginning of a new era in international cooperation in the fight against cancer. To implement the motion tabled by Dr. Bandaline, preparatory meetings to draw up the statutes of the future Union were held in Paris in 1934 and 1935. Finally, the first meeting of the General Assembly took place in Paris on May 4, 1935. Representatives from 43 countries and 67 national cancer organizations were present. This alone was an outstanding success. The Union was given a Latin name which had a neutral consonance *Unio Internationalis Contra Cancrum*. Ever since it has been universally known by its Latin acronym UICC. The General Assembly elected M. Justin Godart, a former French Minister of Public Health, president of the UICC and designated Dr. Bandaline as its Secretary-General. Paris was to shelter the Union's headquarters.

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### Programme of action

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At this first meeting a programme for the Union was outlined which had an international character and which extended beyond the scope of national organizations. The first decision adopted was to create an international quarterly called *Acta, Unio Internationalis Contra Cancrum* which would be devoted to cancer problems throughout the world. It was the first publication of its kind. The second decision was to begin work on an illustrated tumour nomenclature. The third activity decided upon was to start collecting reliable statistics using an international standardized procedure, and a fourth activity was to organize the Second International Cancer Congress. The first Congress was the one held in Madrid where the motion calling for the Union's creation occurred.

In less than 16 months, the Second International Cancer Congress was convened in Brussels (September, 1936) and was attended by representatives from 43 countries. The participants recognized that there was not yet a "medical treatment which could cure cancer" and warned against "charlatanism". The Congress also stated that accurate statistics could contribute to understand the aetiology of cancer and facilitate the diagnosis, treatment and prevention of the disease. It therefore appealed to health

authorities, anticancer organizations, doctors and insurance companies to cooperate by all means in gathering valid statistics.

The Third International Cancer Congress was held at Atlantic City (September, 1939). World events during this time somewhat disrupted the Congress with many participants abruptly departing for home.

Soon after the end of World War II, M. Justin Godart revived formal activities of the Union. He contacted the survivors of his Executive Committee and new officers were appointed. Professor J. H. Maisin of Belgium became the new Secretary-General. It was clear at that time that cancer research had come to a standstill almost everywhere in the world except the USA. It was considered, for scientific reasons as well as financial ones, that the obvious place in which to organize the next Congress was the United States. Thus Professor Maisin contacted the American Association for Cancer Research and, with its generous assistance, the Congress took place in Saint Louis (September, 1947). In a truly international spirit, President H. S. Truman cabled the Congress: "The progress made by the United States Committee for Atomic Energy in the production of radioisotopes makes it possible for my country to immediately put at the disposal



Paris, July, 1950.  
The opening ceremony of the 5th International Cancer Congress.  
M. Justin Godart, President of the UICC, delivering his welcome address.

of qualified researchers from other nations limited quantities of radioisotopes primarily meant for medical and biological research." With the hope of strengthening research on an international level, the Congress created an international cancer research commission, an outgrowth of the Union's previous scientific committee but with greater autonomy.

In 1950, the Fifth International Cancer Congress was held in Paris. For the first time, in parallel with the Congress, cancer courses were organized. Many new topics were discussed, including the morphology and biochemistry of cancer cells and the way in which carcinogenic agents affect cells.

#### PRESIDENTS OF THE UICC

1935-1953	M. Justin Godart (France)
1953-1958	Prof. J. H. Maisin (Belgium)
1958-1962	Dr. V. Khanolkar (India)
1962-1966	Prof. A. Haddow (United Kingdom)
1966-1970	Dr. N. N. Blokhin (USSR)
1970-1973	Dr. W. U. Gardner (USA)
1973-1978	Prof. Pierre Denoix (France)
1978-1982	Prof. U. Veronesi (Italy)
1982-1986	Prof. Antonio Junqueira (Brazil)

When the Union's Executive Committee met in Bombay, early in 1953, M. Justin Godart announced that he had decided to retire after 20 years as President. Professor J. H. Maisin, the then Secretary-General, was elected President and Dr. H. Dorn of the USA became Secretary-General.

#### Constitutional changes

Following the Sixth International Cancer Congress in São Paulo (Brazil, July, 1954), prevention became a subject for study. Public and professional education aroused growing interest. The role of voluntary organizations in cancer control was given endorsement and henceforth took on a new

dimension. During its business meetings, held immediately after the Congress, important constitutional amendments were adopted to enable the Union to adapt itself to the scientific, clinical and social changes which were taking place at a fast pace in a post-war world. These amendments enabled all countries to share more effectively in the work of the UICC while providing for regular renewal of UICC officers. It was also decided that, in future, International Congresses would take place every four years, with a meeting of the Executive Committee to be held at least once in the interval between each Congress. In between these meetings, the Union was now engaged, through its Commissions and Committees, in a relentless fight against cancer throughout the world.

Some 2500 delegates from 64 countries assembled in London for the Seventh International Cancer Congress (July, 1958). Papers of great interest to the scientific community describing research in virology, biochemistry, carcinogenesis, chemotherapy and in observations made possible by electronic microscopy were presented.



Professor Pierre Denoix, inventor of the TNM classification system.

At the same time, the Union published a book of great importance: a classification of breast cancer by clinical stages on the basis of the TNM system developed by Professor Pierre Denoix of France. This international classification system for the first time made it possible for all oncologists to use a "common language" in comparing their clinical material and in assessing the results of treatment. The system enables a doctor to describe any tumour by the following criteria:

T — size and extent of the primary Tumour;

N — absence or presence and extent of lymph Node involvement;

M — absence or presence and extent of Metastases;

Over the years, the Union gradually extended the classification to a larger number of sites. At present, after several revisions, the TNM classification of malignant tumours covers 31 sites. It is of fundamental importance to oncologists throughout the world. The TNM has, so far, been translated into 14 languages.

## New Headquarters in Geneva

The expanding activities of the Union made it necessary to establish an office with full-time staff. It was decided that the office would be located in Geneva because many international organizations had set up their headquarters there. Since 1948, when the World Health Organization (WHO) was officially established, the UICC has collaborated very closely with other governmental and non-governmental agencies and Dr. J.-F. Delafresnaye, the Executive Secretary of the Conseil international des Organisations des sciences médicales (CIOMS), was appointed Director of the UICC Geneva Office in 1961. He occupied the post with great competence until 1982 when he retired and Dr. A. Englund, of Sweden, succeeded him. In 1961, the Union took on a new activity. It agreed, at the request of the Eleanor Roosevelt Cancer Foundation, to administer an international cancer research fellowship programme. The programme is now known under the name of the American Cancer Society — Eleanor Roosevelt — International Cancer Fellowships Programme.

With Professor N. N. Blokhin, President of the Academy of Medicine of the USSR, in the chair, the Eighth International Cancer Congress opened in Moscow on July 22, 1962. This time the Congress attracted 5000 participants from 70 countries and over 1000 papers were presented. The proceedings published in Russian, English and French, really summed up the state of knowledge at the time. Specialists from all over the world who had made the trip to Russia were able to see precisely the advances of the USSR in the medical field, and particularly in oncology.

General de Gaulle, in 1963, called upon the United States, the USSR and the United Kingdom to join with France in devoting 0.5 per cent of their defence budgets to cancer research. From this initiative stemmed the decision to set up an International Agency for Research on Cancer (IARC), located in Lyons (France), and administered by WHO. Since its inception IARC has worked in close cooperation with the UICC, especially in questions relating to cancer epidemiology. Dr. J. Higginson,



Dr. J. Higginson, former Director of IARC, and Chairman of the first UICC Committee on Geographical Pathology.

IARC's first Director, was, previous to his appointment as head of the new agency, chairman of the UICC Committee on geographical pathology. Moreover, the publication *Cancer Incidence in Five Continents*, first published by the UICC alone, became a joint UICC-IARC publication. Upon mutual agreement it has only recently become entirely the responsibility of IARC.



Moscow, July, 1962.

The opening ceremony of the 8th International Cancer Congress. Dr. V. Khanolkar, President of the UICC, delivering his welcome address. On his right Sir Alexander Haddow, President-Elect of the UICC. On his left Professor N. N. Blokhin, future President of the UICC (1966-1970).

In 1963 the decision was taken to discontinue the publication of *Acta*, the Union's official organ since 1935, and to replace it by a more modern journal. This was called the *International Journal of Cancer* and Dr. E. A. Saxén, of Helsinki (Finland), was appointed Editor-in-Chief. Under his able editorship, the *International Journal of Cancer* became one of the world's leading publications in its field. When he retired, in June 1983, Professor N. Odartchenko, of Lausanne (Switzerland), succeeded him.

For the first time, the topic of the molecular basis of translation of the genetic message was examined at the Ninth International Cancer Congress

## INTERNATIONAL CANCER CONGRESSES

(1933-1982)

Date	Title	Place	President	No. of communications	No. of participants (countries)
October 1933	1st Congress	Madrid (Spain)	Dr. Cardenal	—	—
September 1936	2nd Congress	Brussels (Belgium)	Dr. Lerat	—	—
September 1939	3rd Congress	Atlantic City (USA)	Dr. C. Wood	—	—
September 1947	4th Congress	Saint-Louis (USA)	Dr. E. V. Cowdry	—	—
July 1950	5th Congress	Paris (France)	Dr. A. Lacassagne	400	800
July 1954	6th Congress	Sao Paulo (Brazil)	Dr. A. Prudente	—	—
July 1958	7th Congress	London (UK)	Sir Stanford Cade	500	2 500 (64 countries)
July 1962	8th Congress	Moscow (USSR)	Dr. N. Blokhin	1 000	5 000 (70 countries)
October 1966	9th Congress	Tokyo (Japan)	Dr. T. Yoshida	1 500	4 000 (63 countries)
May 1970	10th Congress	Houston (USA)	Dr. R. Lee Clark	1 740	6 000 (72 countries)
October 1974	11th Congress	Florence (Italy)	Dr. P. Bucalossi	1 980	6 700 (75 countries)
October 1978	12th Congress	Buenos Aires (Argentina)	Dr. A. Canonic	1 650	8 200 (79 countries)
September 1982	13th Congress	Seattle (USA)	Dr. W. B. Hutchinson	4 087	9 000 (84 countries)

held in Tokyo (October, 1966). Much attention was devoted to environmental factors as a cause of many types of cancer. Two years earlier the UICC had been asked by several governments to form an international working party to investigate the biological effects of asbestos.

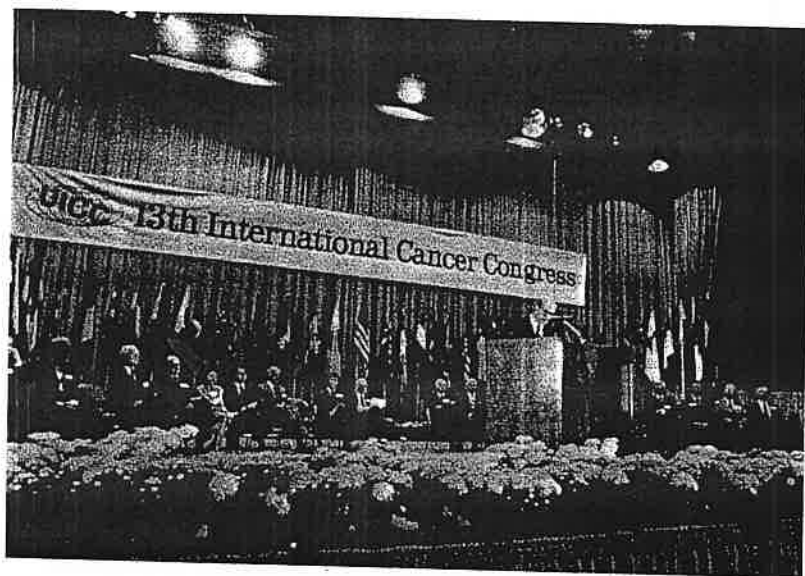
During the Tenth International Cancer Congress in Houston, USA (May, 1970), some participants strongly advocated a new concept in cancer treatment: the multidisciplinary team approach. This approach, which is now adopted almost universally allows progress to be made in various disciplines to be utilized more effectively for the patients' benefit.

The Eleventh International Cancer Congress, held in Florence (October, 1974), gave much attention to immunotherapy. Participants also stressed the importance of prevention, of education of the public and of professional education. International collaboration was greatly intensified between voluntary cancer organizations after the Florence Congress.

However, a note of caution was struck at the Twelfth International Cancer Congress in Buenos Aires (October, 1978) concerning the value of immuno-

therapy, especially in the treatment of solid tumours. This may have been a reaction to the excessive enthusiasm for immunotherapy which had been expressed previously. Many of the discussions centered on the importance of the role of cell membranes in cancer and on the interaction between genetics and environmental factors. For the first time in the history of medicine, a medical congress attracted more than 8000 participants from 79 countries.

The most recent Congress took place in Seattle, USA (September, 1982), and again the number of participants well exceeded 9000. Advances in the clarification of the mechanisms of chemical carcinogenesis and of the genetic and environmental factors conditioning the development of cancer were reviewed. Activities carried out by voluntary organizations were given more importance than in the past.



Seattle, September, 1982.  
The opening ceremony of the 13th International Cancer Congress.

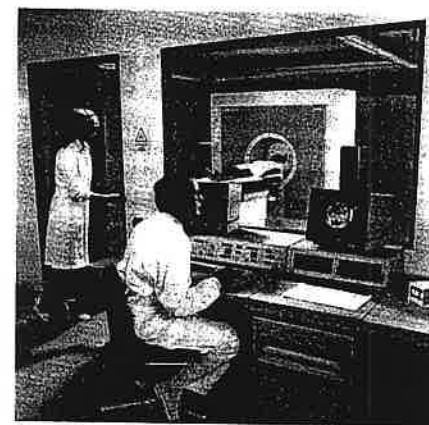
At that time, despite the overall Congress size, the Union's Council suggested some future alterations in form. It was agreed that the large Congresses were useful but that the Organizing Committee would, in future, be more restrictive, in limiting both the number of papers and possibly topics. The next International Congress will take place in Budapest (Hungary), in August, 1986.

## The UICC Programmes

The organization of congresses and the publication of the *International Journal of Cancer* are certainly not the only activities of the UICC. Through individuals and committees of voluntary experts in different fields of cancer control, the UICC identifies needs and creates programmes and projects to meet them. International Programme Committees and Multi-national Programmes are operative in the following areas: Detection and Diagnosis which like Treatment and Rehabilitation were both formerly included in Clinical Oncology, Tumour Biology (formerly, Experimental Oncology), Epidemiology and Prevention (formerly, Epidemiology), Professional Education (formerly, Cancer Education), Campaign, Organization and Public Education – COPE (formerly, Cancer Campaign and Organization), International Collaborative Activities, Fellowships and Personnel Exchange, Smoking and Cancer, Treatment and Rehabilitation, and the Multidisciplinary Project on Oral Cancer.

The UICC Detection and Diagnosis Programme includes four projects. The first concerns the TNM classification, already mentioned. The classification, an on-going activity, has to be constantly revised, improved and extended to new sites. A second project concerns controlled therapeutic trials. It is necessary to establish strict, internationally accepted criteria for treatment trials and to draw up a uniform method to assess results of cancer treatment. This project has already advanced worldwide classical investigations with benefit to cancer patients. A third project evaluates the impact of mass screening on mortality rates in certain cancers and a fourth one attempts to assess the value of new diagnostic methodologies.

Cancer research is very costly. Because of its small budget, the UICC cannot afford to fund research projects directly. However, it stimulates



The UICC Detection and Diagnosis Programme makes recommendations on new diagnostic procedures.

research in general, including neglected but important areas and identifies those needing further exploration. This is now done through its **Tumour Biology Programme**. Previously through the Experimental Oncology Programme the UICC organized many workshops and symposia on various common types of cancer, outlining the biology of tumours, and critically analyzing what is known about them and what might be readily discovered with available technology. It probes potential areas in which the fast moving field of basic biological research can provide spinoffs for clinical, pathological or preventive action. The new Tumour Biology Programme convened its first study group in Annapolis, USA (October, 1983), to examine the patterns of metastatic dissemination and their implications for therapy. The published proceedings of such workshops provide up-to-date sources of information for research workers all over the world.

The **UICC Professional Education Programme** has chosen medical schools as its starting-point. Quite often neither the students nor the general practitioners are really aware that cancer is a curable disease. It is, however, of paramount importance to detect cancer as early as possible and to direct patients to specialized establishments. These are the basic reasons for which the UICC has published in several languages a *Manual of Clinical Oncology for Students and General Practitioners*. It also organizes regional conferences with health authorities, universities and cancer specialists to promote the use of the Manual in medical schools and to encourage establishing chairs or departments of oncology.

Another project, in this same programme, deals with postgraduate education. Progress has become so rapid in the cancer field that the practising physician needs constant refresher courses. The UICC organizes postgraduate courses in clinical cancer chemotherapy to keep clinicians abreast of current advances.

The *Manual on Cancer Nursing*, published by the Project on cancer



In the frame of the UICC Programme on Cancer Campaign, Organization and Public Education, a Manual on Cancer Education in Schools has been published in 13 languages. Above, the cover of the Italian edition.

education for nurses, seeks to increase the awareness of community health nurses to the problems of cancer patients. Nurses play a major role in cancer treatment and patient care. Courses specially designed for nurses are also organized, mostly in developing countries. The first was held in Egypt (November, 1983) and others are planned for Liberia, Nigeria and Thailand.

The Programme known as **Cancer Campaign, Organization and Public Education** has a twofold objective.

The first is to assist the establishment and contribute to the growth of influence of voluntary organizations such as anticancer leagues and societies who recruit and train volunteers, who service cancer patients and their dependants, who raise funds for the benefit of patients or research. These activities are forwarded in a variety of ways: through regional conferences and workshops, programmes for voluntary organizations as part of the International Congresses, and practical manuals. As an example, a recent manual published in 1982 provides advice to the newly established leagues or societies or to those undergoing reorganization. The book is entitled *Guidelines for a Voluntary Cancer Organization*.

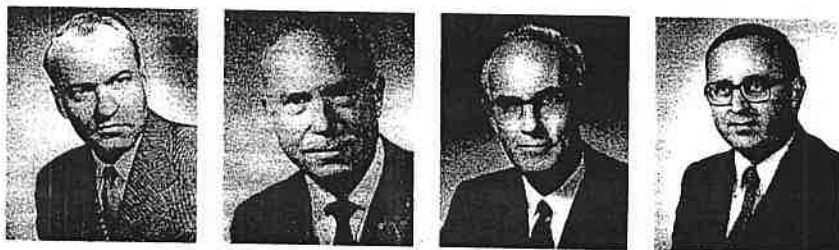
The second objective concerns public education with special emphasis on cancer education in schools. The book *Cancer Education in Schools, a Guidebook for Teachers* is already available in thirteen languages: Arabic, Chinese, Danish, English, Finnish, French, German, Indonesian, Italian, Norwegian, Polish, Portuguese and Spanish. A Swedish translation will be available by the end of 1983. Participants in a workshop in Kuwait, in December 1983, were informed on how the book should be used in schools.

Papers on public education about cancer are published regularly in the Technical Report Series. For instance, volume 72, 1982, is devoted to the teaching of breast self-examination, and volume 76, 1983, contains original information on the pattern of cancer in Saudi Arabia. Other activities within this programme concern the preparation of a series of teaching slides and that of the fourth edition of the *Manual of Cancer Chemotherapy*, which will be available in 1984.

In the frame of this vast programme yet another project is devoted to Doctor Involvement in Public Education (DIPEC). General practitioners are still very reluctant to let themselves be involved in public education which some may consider outside their competence or as a sheer waste of time. As doctors are credible authorities and are trusted it is important to involve them in public education. To this effect the UICC has published a manual entitled *Involving Doctors in Public Education about Cancer*. It also organizes workshops on this subject.

To serve better its Member Organizations, the UICC runs an audio-visual resources centre for public education about cancer in which it

has set up a library of films, filmstrips, slides and posters. Catalogues of these aids have been published and the centre can now supply videotape copies of many films and 35 mm colour slides of all the posters in its catalogues at cost price, where copyright permission is available.



The Secretaries-General of the UICC (1953-1986).  
Left to right: Dr. H. Dorn (1953-1963), Dr. M. J. Shear (1964-1966),  
Dr. R. M. Taylor (1966-1974), Dr. G. P. Murphy (since 1974).

To promote international exchanges and fast transfer of technology from one country to another, the UICC has a large **Fellowships and Awards Programme**. We have seen that in 1962 the UICC was asked to administer the Eleanor Roosevelt International Cancer Research Fellowships programme, which is now known as the American Cancer Society – Eleanor Roosevelt – International Cancer Fellowships.

At present the UICC has four categories of fellowships, supported by grants, which represent slightly more than one-third of its total budget. The criteria applied in allocating awards are the excellence of the applicant, the quality of the proposed research, the choice of an appropriate host laboratory and the contribution of the fellow to the home institute.

The four categories of fellowships have distinct goals and their duration differ. In all cases, however, a research plan serves as the primary criterion for evaluation.

– The *American Cancer Society – Eleanor Roosevelt – International Cancer Fellowships* are usually granted for one year, exceptionally more, to a senior investigator after a very thorough selection. Only candidates who

have at least seven years' research experience after their doctoral or equivalent degree are considered. They must belong to the staff of a university, teaching hospital, research laboratory or a similar institution. In the 20-year period 1961-1981, 358 fellows of more than 30 nationalities visited 18 countries.

– The *Cancer Research Campaign International Fellowships* were begun in 1981 to help investigators work abroad and gain new experience in clinical or basic research in cancer. These fellowships are supported by a grant from the Cancer Research Campaign (United Kingdom). They cover periods of six months to two years. They are also available to investigators in the behavioural and social sciences related to cancer. Applicants must have between two and ten years, postdoctoral experience and submit a precise research plan. Until now 25 awards have been granted.

Two other types of fellowships are attributed for shorter periods.

– The *Yamagiwa-Yoshida Memorial International Study Grants* are meant to enable investigators of any nationality to gain experience in special techniques in the biological and clinical aspects of cancer research in a country other than their own. These grants are funded by the Japan National Committee for the UICC, and receive strong financial support from the Olympus Optical Company Ltd. in Tokyo. They are for up to a maximum of 90 days. Applicants must clearly identify the technique or method they wish to study and indicate the reason for choosing the proposed host institution. They must also explain how the newly acquired knowledge will benefit the programme of their home institute. Since 1972, almost 150 scientists have benefitted from such possibilities.

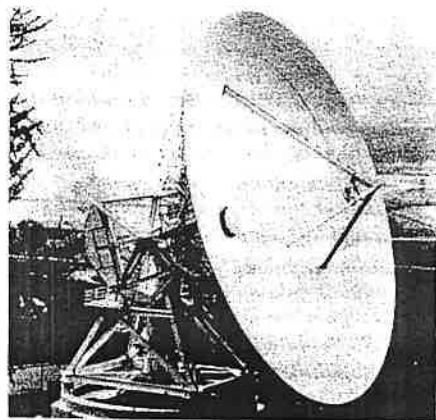
– The *International Cancer Research Technology Transfer (ICRETT)* Awards, supported by UICC Member Organizations and a grant from the National Cancer Institute (USA) seek to promote direct and quick transfer of information about new or improved techniques between investigators in different countries. The period of study abroad must not exceed 28 days. Applicants should be at an early stage of their career. They must outline the project they want to undertake, its relevance to their career, and indicate the reason for choosing the proposed host institution. Since June 1976, about 600 grants have been awarded to applicants from 48 countries.

Another major Programme is the **Committee on International Collaborative Activities (CICA)**. Its purpose is to promote the concept of the comprehensive cancer centre throughout the world and to foster inter-institutional collaboration, the rapid exchange of information and the development of standardized data reporting.

As was emphasized at the Houston International Cancer Congress, the most effective cancer treatment and total patient care are based on a



multidisciplinary approach involving teamwork. Thus diagnostic and treatment decisions are made by a team comprised of surgeons, internists, radiologists, and pathologists with the help of immunologists, radio-physicists, dentists, nurses, and others. The UICC promotes this concept through several practical measures. One consists in helping to establish



The Committee on International Collaborative Activities of the UICC (CICA) aims, in particular, at improving the dissemination of cancer data. Advanced technology — such as satellite communications — is used.

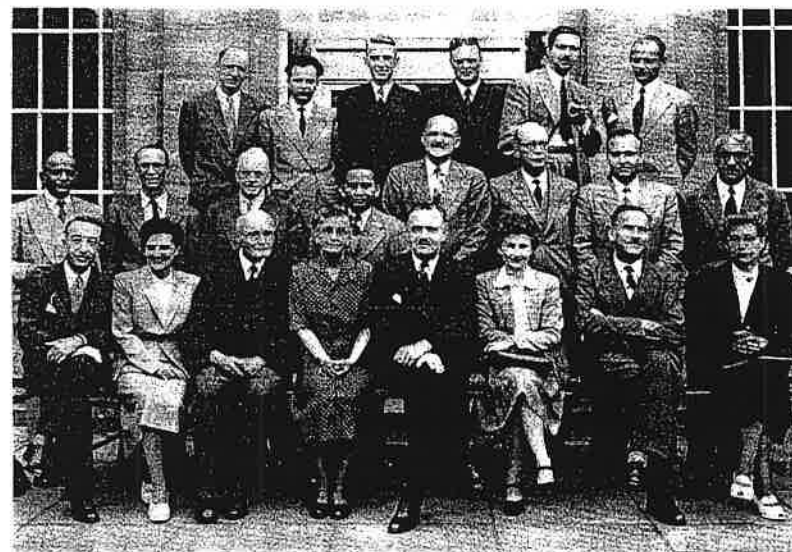
Report. The Manual has been widely distributed and by its use every cancer treatment establishment in the world can now report fundamental data on its patients according to an international “common language”. This is a big step forward and will contribute to the fast dissemination of the knowledge of new cancer treatments around the world.

To provide a concise overview of the facilities, programmes and activities of the world's major cancer institutions and to simplify communications between them, CICA prepares and regularly updates the *International Directory of Specialized Cancer Research and Treatment Establishments*. The third edition appeared late in 1982. It contains general data on some 700 establishments and details pertaining to the director, affiliations, fields of activity, personnel, budget, statistics, training facilities, as well as other information.

comprehensive cancer centres throughout the world utilizing the CICA prepared *Guidelines for Developing a Comprehensive Cancer Centre*. Another important activity of CICA has consisted in setting up an International Cancer Patient Data Exchange System. This is a mechanism for collecting standardized data on cancer patients, pooling it into two computers, in Houston and in Amsterdam, and sharing it for the rapid conclusion of clinical studies and other research activities difficult to carry out by individual units. At present 16 of the world's leading cancer institutes participate in the system. Data on each patient are collected according to a “System Manual” developed by CICA and published in 1982 as a Technical

These UICC activities have removed the feeling of isolation many oncologists may have had in the past. Latest information regarding the best available therapies and the most recent equipment is available and through the Union flowing to all continents, to the benefit of patients everywhere.

Cancer epidemiology is fundamental to cancer prevention. As early as 1950, the UICC held meetings on “Geographical pathology and



As early as 1950, the UICC held meetings on Geographical pathology. A symposium on the subject took place that year in Oxford (UK). The participants are seen here. The meeting was chaired by Professor J.-M. Maisin, who was then Secretary-General of the UICC (First row, fifth from left).

Endemiology of cancer”. The present **Epidemiology and Prevention Programme** of the UICC includes a project on “cancer patterns in the world”. Latest available figures on the relative frequency, morbidity and mortality by cancer site are being collected in a standardized form to allow for comparisons between countries. Ethnic and regional variations in cancer profiles are also to be noted whenever possible. Preliminary reports on “cancer patterns in the world” as well as “Guidelines for cancer prevention” are currently being prepared.

In view of the importance of the smoking epidemic which has now spread to many developing countries, the Union's special project on **Smoking and Cancer** recently became a regular Programme. Cigarette smoking is the major cause of lung cancer, one of the most lethal tumours. The programme has established a standardized measurement of smoking rates, fundamental to smoking control. Smoking control workshops and seminars, organized by the UICC, have taken place throughout the world. More and more health agencies apply to the UICC urging it to organize such meetings in their countries. The Union tries to stimulate the adoption of anti-tobacco legislation as well as other restrictive measures, and health education in primary and secondary schools. In the area of smoking control the UICC works in close collaboration with national and international heart and lung associations.



The UICC Programme on Treatment and Rehabilitation publishes guidelines concerning the treatment of various cancers.

The **Treatment and Rehabilitation Programme** aims at providing guidelines for the management of cancer patients according to various sites and at various stages. This entails that sub-specialities be clearly defined – which is not the case at present. Guidelines concerning the treatment of various cancers, among them that of the larynx, of the cervix uteri, of Hodgkin's disease, are already in preparation. Each of them will be 30-50 page booklets.

A new UICC endeavour, the "Reach to recovery" project forms part of the Treatment and Rehabilitation Programme. It seeks to help women having undergone the trauma of breast surgery (mastectomy). The project is implemented jointly by the UICC and the American Cancer Society.

The Multidisciplinary oral cancer project attempts to identify aetiological factors and to establish uniform guidelines for the diagnosis and treatment of oral cancer. India and Sri Lanka have the highest incidence rates for oral cancer. However, the incidence of this type of cancer has, so far, been overlooked in developed countries where it will now be studied.

## Publications

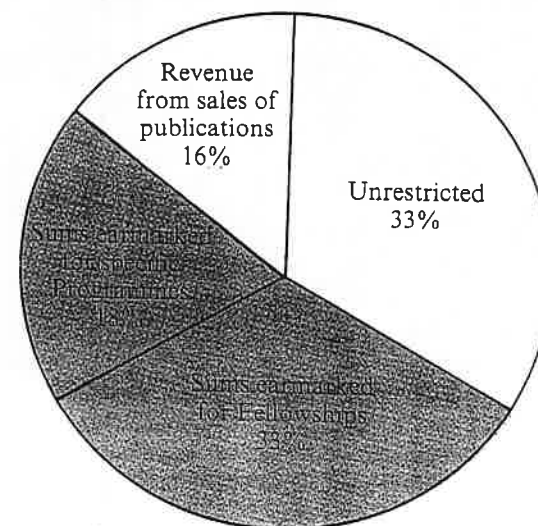
A number of UICC publications referring to one or another activity have already been mentioned. Most of them form the Technical Report Series.



– The *UICC Technical Report Series* will include 80 volumes by the end of 1983. They cover all the UICC programmes.

### WHERE THE MONEY COMES FROM

The UICC budget in 1983 was about three million US dollars consisting of dues paid by its Member Organizations, of grants for special programmes and of donations or gifts from patrons, foundations and institutions.

Contributors may specify how the amounts granted should be spent. In 1983, no restrictions were attached to one-third of the funds attributed, another third was earmarked for fellowships and 18 per cent for specific programmes. The remaining 16 per cent came from sales of UICC publications.



 Sums earmarked for Fellowships or Programmes.  
 Unrestricted sums attributed without any particular specification.

– The *TNM Classification of malignant tumours*, has had, so far, four editions and is a best-seller among UICC publications. In 1984, fascicules dealing with the classification of other sites will be published (eye tumours, pancreatic tumours, and other topics).

– The *TNM Checklists*, first published in 1980, have been revised and reprinted in 1982.

– The *TNM Atlas*, first published in 1982, contains 311 figures. It is an indispensable tool for clinical oncologists.

Other books are published independently from any series. The UICC publications also include periodicals. Foremost among them is the *International Journal of Cancer*. This high quality monthly has a worldwide circulation. It covers both clinical and basic fields, including biochemistry and biophysics, biology, genetics, virology, immunology, endocrinology, developmental biology, cytology, cytochemistry and histochemistry, histopathology, radiobiology, biometrics, epidemiology and controlled therapeutic trials. The *International Journal of Cancer* can also be obtained in microfiche form.

The *UICC Bulletin* and *UICC Information* have merged since mid-1983 into *UICC News*, which is published every second month in three language editions, English, French and Spanish. *UICC News* reports on the Union's main activities: programmes, meetings, publications and fellowships awarded. It also reports on the activities of its Member Organizations and on questions of general interest.

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## Purpose and finance

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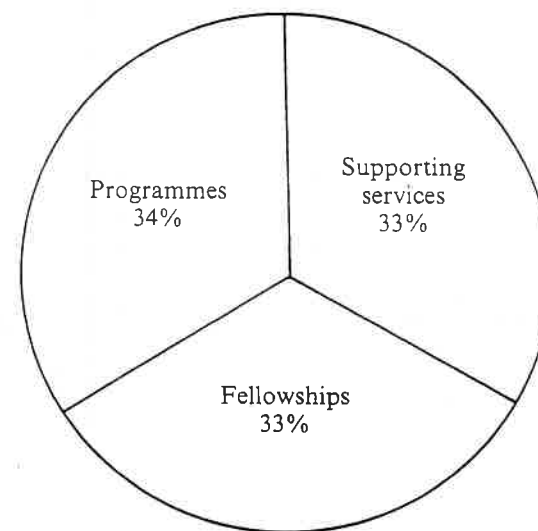
Thus, the purpose of the UICC is to save lives and reduce suffering from cancer in all countries. It is a non-profit, non-governmental, non-political, non-sectarian organization. Its membership is limited to voluntary cancer organizations such as leagues, societies and foundations, cancer research and/or treatment centres, cancer research laboratories, specialized cancer hospitals and, in certain countries, ministries of health – all working to control cancer in the world today. At present the UICC has 238 Members in 80 countries.

The UICC is supported by dues paid by its Members, by national subscriptions, by grants and contracts for special programmes and by donations or special gifts from patrons, foundations and institutions. Its annual budget is currently over three million US dollars.

The Union is democratically controlled by its membership, through a General Assembly which is held every four years on the occasion of the International Congress, and through its Council, which assembles every second year. The Council meets in the intermediate years between Congresses. The next meeting of the Council will take place in Fukuoka (Japan), in September, 1984, and the next Congress in Budapest (Hungary), in August, 1986. The Executive Committee meets annually to supervise the work accomplished during the year and to give directives concerning future activities.

### HOW THE MONEY IS SPENT

The UICC expenditure is roughly divided into three. One-third is devoted to Fellowships, a second third goes to Programmes and the rest covers supporting services.



Operated with the aid of a relatively small professional staff and, above all, a large international network of volunteers, the UICC has a worldwide impact in the fields of cancer prevention and earlier detection and diagnosis, in clinical and basic research, and in information exchange. It also plays

an important role in improved treatment, increased survival, and a better quality of life for cancer patients.

The UICC is at the service of mankind as evidenced by 50 years of relentless efforts to control cancer, and hopefully one day, conquer the disease.

## L'UICC cinquante ans au service de l'humanité

Il y a plus d'un demi-siècle (octobre 1933), la première pierre de l'Union internationale contre le cancer (UICC) était posée. C'était à l'occasion d'un Congrès du cancer à Madrid. Peu avant la cérémonie de clôture, le D<sup>r</sup> Jacques Bandaline (France) se leva et déclara: «Je tiens à déposer une motion appelant à la fondation d'une organisation internationale chargée de promouvoir la lutte contre le cancer par la recherche, la thérapie et le développement d'activités sociales.» La motion du D<sup>r</sup> Bandaline fut adoptée à l'unanimité et saluée par des applaudissements prolongés.

La nécessité d'une organisation internationale pour faire face à quelques-uns des problèmes que le cancer posait à l'échelle mondiale et pour lutter contre ce mal et coordonner la recherche se faisait sentir depuis plusieurs années.

### CE QU'EST L'UICC?

L'Union internationale contre le cancer (UICC) est une fédération mondiale d'institutions et d'organisations non gouvernementales qui luttent contre le cancer.

Ses membres sont des organisations bénévoles de lutte contre le cancer, telles que ligues, sociétés ou associations, fondations, institutions, centres de recherche cancérologique et centres de traitement du cancer, hôpitaux spécialisés et, dans certains pays, ministères de la santé publique.

L'UICC, organisation non gouvernementale, tire ses ressources financières des cotisations que lui versent des ligues, des sociétés, des fondations, des donateurs privés et d'autres institutions.

A la fin de 1983, l'Union comptait 238 membres dans 80 pays; son budget annuel était de l'ordre de trois millions de dollars des Etats-Unis.