

IARC Impact in practice series

The Egypt experience



“Since Egypt became a Participating State, collaboration with IARC has gained real momentum.”
Dr Partha Basu, IARC Liaison Officer for Egypt

Since becoming an IARC Participating State in 2024, Egypt has moved rapidly from long-standing collaboration to structured co-creation with IARC, drawing on international standards, independent evidence, and targeted technical support to strengthen nationwide early detection, cancer surveillance, and prevention. Membership has not only accelerated Egypt's integration into IARC's global scientific networks, but also increased demand for IARC-supported training, technical assistance, and joint research, positioning Egypt as an emerging reference point for cancer control in North Africa and the Middle East. As a recent Participating State, Egypt is also particularly well placed to deepen and broaden this collaboration further in the coming years.

Why IARC membership made the difference for Egypt:

- **Faster integration into global consortia:** IARC co-authorship is associated with exceptionally high international integration (median 52.5 institutions per paper versus 4 in non-IARC Egyptian publications), connecting Egyptian researchers to multicountry studies, implementation science platforms, and global evidence-generation networks.
- **Evidence that improves delivery at scale:** Collaboration supports the evaluation and optimisation of the Presidential Women's Health Initiative for breast cancer, including benchmarking through CanScreen5, analysis of referral pathways and survival, and implementation research to strengthen organisation, continuity, and quality of care nationwide.
- **Better data for smarter policy:** Support to population-based cancer registration and surveillance is improving the completeness, quality, and use of national cancer data for planning, programme evaluation, and survival monitoring, enabling more evidence-based decisions on screening priorities and resource allocation.
- **Infrastructure and workforce that last:** Participation in international platforms, including biobanking and cohort networks, provides standards, technical guidance, and targeted training, building durable national capacity from registries to biobanking while reinforcing Egypt's role as a regional convener for cancer control across North Africa and the Middle East.

Part I. Scientific leadership through international collaboration

→ Exceptional collaboration intensity and depth

Since becoming a Participating State of IARC in 2024, scientific collaboration between Egyptian institutions and IARC has expanded rapidly in both scale and scope. Building on longstanding technical exchanges and regional engagement, formal membership has accelerated Egypt's integration into IARC-led research networks and positioned the country as a key partner for cancer research and implementation across North Africa and the Middle East.

The scale and intensity of this collaboration are reflected in the publication record¹:

- Egyptian researchers have co-authored **48 scientific publications with IARC** in the past decade.

Cancer in Egypt: unmet needs in research and evidence

Based on recent **GLOBOCAN estimates**, cancer remains a major public health challenge in Egypt, with around 150,000 new cases and 95,000 deaths each year. Liver and breast cancers account for the largest share of cases, alongside substantial burdens from bladder, lung, and other cancers, reflecting both infectious and lifestyle-related risk factors. Despite progress in early detection and treatment, cancer remains a leading cause of premature mortality, highlighting continued opportunities to strengthen prevention, organised screening, and data-driven cancer control.

¹ Data derived from Web of Science records of IARC–Egypt co-authored papers published between January 2016 and January 2026.

- Collaborations span **166 countries and 1,552 institutions**, embedding Egyptian scientists within truly global research consortia.
- When IARC is a co-author, the **median number of institutions per paper rises to 52.5, compared with 4 in non-IARC Egyptian publications**, demonstrating an exceptionally high level of international integration.

Beyond volume, these partnerships are characterised by depth and implementation focus. The joint research portfolio spans **early detection, cancer surveillance, screening performance evaluation, implementation science, infectious causes of cancer, and health-system strengthening**, aligned with both IARC's scientific priorities and Egypt's national cancer control agenda.



“Egyptian researchers are very keen to work with international collaborators and to be part of major consortia.”

Dr Partha Basu
IARC Liaison Officer
For Egypt

A major concentration of activity centers on **breast cancer early detection and outcomes research** through Egypt's Presidential Women's Health Initiative, alongside expanding collaboration in **cancer registration, hepatitis-related liver cancer prevention, and biobanking and molecular pathology capacity**. Additional priorities include **exploratory work on early detection strategies for bladder cancer**, a high-burden malignancy in Egypt, and **pilot approaches for screening programs of other cancers such as lung and colorectal**. Together, these

efforts position Egypt not only as a beneficiary of global science, but as an active contributor to evidence relevant for other low-and middle-income settings.

→ Access to large-scale research infrastructure

Through its partnership with IARC, Egypt has gained access to major international research platforms, datasets, and coordinated initiatives that would be difficult to establish independently at national level.

Examples include:

- **Cancer Screening in Five Continents (CanScreen5)**, where Egypt is contributing nationwide performance data from its clinical breast examination-based screening programme, enabling benchmarking against international standards and supporting programme optimisation.
- **Biobanking and cohort development platforms**, notably through participation in the **Biobank and Cohort Building Network (BCNet)**, linking Egyptian laboratories, pathology services, and emerging national reference centres with international standards and peer networks for high-quality biospecimen collection, processing, storage, and governance. Through this collaboration, Egyptian institutions benefit from technical guidance on biobank design, quality assurance, sample lifecycle management, and ethical and regulatory frameworks, alongside targeted training to develop a cadre of well-trained professional biobankers, strengthening national expertise and ensuring the long-term sustainability and quality of Egypt's biobanking infrastructure.

→ Shaping the global cancer research agenda and standards

Egyptian experts and diplomats help steer IARC's direction. Through seats on the **Scientific Council and Governing Council**, and active involvement in developing the **Medium-Term Strategy (MTS)**, Egypt contributes directly to setting IARC's research and capacity-building priorities. This ensures that concerns central to middle-income, high-burden countries, from infection-related cancers to social inequalities and affordability, are built into the global agenda. This high-level engagement is a form of **soft power**. By shaping IARC's work programme, Egypt brings national and regional realities into global decision-making while gaining early insight into emerging priorities, methods, and partnership opportunities, aligning its own cancer plans and investments with cutting-edge international evidence.

Egyptian experts also contribute large-scale, real-world implementation experience from nationwide programmes, including breast cancer early detection, hepatitis-related liver cancer prevention, and surveillance strengthening (see previous section), that directly inform IARC's technical guidance, evaluation frameworks, and global recommendations used by ministries of health and public health agencies worldwide. Notably, Egyptian participation has included engagement in IARC's flagship publications, including **IARC Monographs Volume 138 on automotive gasoline and some oxygenated gasoline additives**, ensuring that regional exposures and priorities are represented in international risk assessments.

Part II. From evidence to action: IARC's impact on national Public Health

→ Strengthening nationwide breast cancer early detection at scale

A central pillar of collaboration between Egypt and IARC has been support to the Presidential Women's Health Initiative, one of the largest organised breast cancer early detection programmes in the region and a flagship example of population-based cancer control in a middle-income setting. Importantly, this collaboration has been **driven by priorities identified by Egyptian partners**, with IARC providing targeted support to evaluate and strengthen a programme already operating at national scale. Delivered through primary health care facilities nationwide, the programme integrates clinical breast examination, structured referral, diagnostic work-up, and access to treatment within a coordinated national pathway. To date, **more than 10 million women have been screened**, making the initiative both a major public health intervention and a uniquely valuable real-world platform for implementation research and programme optimisation. Its design aligns closely with the [World Health Organization Global Breast Cancer Initiative \(GBCI\)](#), contributing to its **60–60–80 targets** for earlier diagnosis, timely treatment, and improved survival.

A comprehensive evaluation of the program - detailing the financial and workforce investment required across all levels of care - will establish a vital evidence base. This analysis will demonstrate how feasible, real-world Clinical Breast Exam (CBE) interventions directly improve survival rates, reduce mortality, and meet GBCI key performance indicators.

IARC's contribution has focused on turning this large-scale national programme into a source of robust evidence for decision-making. Working jointly with Egyptian authorities and clinicians, the partnership supports:

- systematic evaluation of screening performance and quality indicators through [Cancer Screening in Five Continents \(CanScreen5\)](#) benchmarking;
- documentation of programme policies, protocols, and operational systems to identify scalable best practices;
- analysis of referral pathways, delays, and treatment completion along the continuum of care;
- patterns-of-care and survival studies using hospital and national data, including linkage with vital status information;
- stakeholder assessments to identify system barriers and prioritise practical, evidence-based improvements;
- embedded aetiological research on risk factors such as obesity, diabetes, and sedentary behaviours to inform prevention strategies.

A key immediate output of the partnership is a **joint manuscript** documenting how the programme is organised, implemented, and performing, helping translate Egypt's experience into policy-relevant evidence that can inform other countries facing similar constraints.

Early findings indicate **downstaging at diagnosis, improved care coordination, and stronger adherence to treatment pathways**. For policymakers, the value of this collaboration lies not only in evaluating what works, but in generating the evidence needed to improve programme quality, guide future investment, and position Egypt as a reference point for organised early detection in other low- and middle-income settings.



"We have much to learn from Egypt's sustained success in cancer control. Their ability to pivot from tackling the drivers of bladder and liver cancer to large-scale breast cancer early detection programs is a remarkable feat of public health."

Dr Valerie McComarck
IARC Liaison Officer
For Egypt

Box #2: From infectious disease control to cancer prevention: hepatitis and liver cancer

Egypt offers a powerful example of how cancer prevention can be embedded within broader public health action.

Working closely with the Ministry of Health and Population Egypt and supported by scientific evidence from IARC, the country has reframed hepatitis C control not only as an infectious disease response, but as a long-term strategy to prevent liver cancer before it occurs. [IARC's research on viral hepatitis and its evaluations through the Monographs Programme, which classify hepatitis B, C, and D viruses as carcinogenic to humans](#), have helped anchor national policy in clear, independent evidence linking infection to cancer risk.

This science-to-policy connection has translated into action at scale. Egypt implemented one of the world's most ambitious screening and treatment campaigns, reaching millions of people and becoming the **first country to achieve WHO "gold tier" status** on the path to eliminating hepatitis C.

The partnership has extended beyond research to high-level engagement and knowledge exchange. [IARC leadership and scientists have worked alongside national authorities in Cairo](#) to share evidence, guide policy discussions, and highlight the cancer prevention gains of hepatitis control, reinforcing how investment in infection prevention today can avert cancer cases tomorrow.

Part III. Building capacity for lasting impact



“The experience of Egypt’s nationwide clinical breast screening program offers a valuable roadmap for other LMICs seeking to implement their own scalable, feasible, early detection strategies.”

Dr Valerie McComarck
IARC Liaison Officer
For Egypt

→ Stronger data for better decisions

IARC leads the [Global Initiative for Cancer Registry Development \(GICR\)](#), a coordinated effort with international partners to help countries establish and strengthen population-based cancer registries. Egypt is served by the [IARC GICR Regional Hub for Northern Africa, Central and Western Asia](#), which supports registries across the region through tailored technical assistance, in-country missions, regional training, and the GICRNet e-learning platform.

With Egypt’s accession as an IARC Participating State in 2024, support to cancer registration has moved from ad hoc technical exchanges to a more structured collaboration with a clearer pathway for restarting and consolidating the National Cancer Registry programme. This includes support for registry organisation and governance, case ascertainment, coding and staging, data quality assessment, and the adoption of international tools and standards for registry software and data management.

A major opportunity in Egypt is **the linkage of hospital and registry data with national vital status information** through the Egyptian national ID system, creating new possibilities for robust survival analysis and evaluation of major national initiatives such as the Presidential Women’s Health Initiative. By strengthening the completeness, quality, and comparability of cancer data, this collaboration is improving the evidence available for national and subnational planning, programme evaluation, and resource allocation, while also enhancing Egypt’s contribution to international cancer burden estimates and comparative research across North Africa and the Middle East.

→ Training as multiplier of capacity

The IARC–Egypt partnership has created concrete opportunities for training and knowledge exchange, helping transfer advanced methods, international standards, and global scientific networks back to Egyptian institutions. Since becoming a Participating State in 2024, Egypt has shown growing demand not only for research collaboration, but also for IARC-supported training and technical assistance.

Egypt has a long history of participation in IARC’s competitive fellowship programmes, with **three Egyptian scientists awarded IARC fellowships** since the Agency’s early years. More recently, previous Medium-Term Strategy cycle (2021–2025), **two Egyptian trainees and visiting scientists** have undertaken placements at IARC, including a current Egyptian trainee working on a joint breast cancer project with Egyptian institutions and the Ministry. Egypt has also benefited from participation in the **IARC Summer School** and is exploring further targeted training, including **colposcopy training for gynaecologists**.

This engagement is part of IARC’s wider capacity-building ecosystem, which includes the Postdoctoral Fellowship Programme, the IARC Summer School, the IARC Learning Platform, and global networks for cancer registries, screening, and biobanking. Together, these initiatives train thousands of professionals worldwide and generate durable benefits: in a 2024 outcome survey, **98% of postdoctoral respondents reported transferable skills, 72% maintained research ties with IARC after training, and over half progressed to leadership roles (53%) or managed independent research funding (52%)**. This creates a **two-way multiplier effect**: expertise gained at IARC is reinvested in national institutions, while the priorities, data, and methodological strengths of participating countries feed back into IARC’s networks, helping shape future research, standards, and capacity-building efforts.

→ Building regional leadership

Egypt is increasingly serving as a regional convening platform across Africa and the Middle East. Through major scientific and policy forums, most notably the annual [Breast-Gynecological & Immuno-Oncology International Cancer Conference \(BGICC\)](#) held in Cairo, Egyptian institutions and IARC engage directly with oncologists, researchers, and public health leaders from across the region and continent.



“Egypt sees IARC not only as a research partner, but as a source of training and capacity building essential to strengthening national cancer control.”

Dr Partha Basu
IARC Liaison Officer
For Egypt



“If Egypt can demonstrate tangible benefits from IARC participation, it will motivate countries like Algeria and others in Africa to follow suit.”

Prof Hesham ElGhazaly
Chairman of the Presidential Initiative of Women's Health in Egypt

IARC scientists have participated regularly in these meetings, creating opportunities to exchange technical expertise with national cancer institutes, ministries of health, and international partners such as **Union for International Cancer Control (UICC)** and **African Organisation for Research and Training in Cancer (AORTIC)**. These interactions facilitate practical learning on screening implementation, surveillance systems, and prevention strategies, while also strengthening relationships with neighbouring countries seeking to expand collaboration with IARC.

As a result, the scale and maturity of Egypt's nationwide programmes, combined with its role as a regular host for regional dialogue, position the country as **a natural gateway and reference point for other low- and middle-income settings**. Increasingly, Egypt functions not only as a beneficiary of global science, but as a hub through which knowledge, experience, and capacity are shared across the region.