

November 2016

HR

Job Description and Personal ProfileStrandboulevarden 49
2100 København Ø**Research Director**

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www.cancer.dk

**The Danish Cancer Society
Research Center**UNDER PROTEKTION AF
HENDES MAJESTÆT DRONNINGEN

Research Director, Danish Cancer Society Research Center (DCRC), Jørgen H. Olsen, has decided to retire in 2017. The Danish Cancer Society is now seeking his replacement, who will be expected to start work in August 2017.

We are looking for an internationally renowned, senior researcher with a strong research profile and publication record in the field of cancer research. Your personal research contribution will be prestigious, and you will have many international scientific contacts. In addition to innovative work, you will have achieved a broad understanding of cancer research and the complex interplay among different research disciplines required to advance the fight against cancer. Thus, you have proven capability in leading a multidisciplinary research staff; the expertise in the DCRC is unique, as it ranges from epidemiology, biostatistics/bioinformatics and psychology to cellular and molecular biology. The overall emphasis will be on excellence and leadership rather than skill in a particular discipline of cancer research.

The preferred candidate will have been working for many years in an internationally oriented research environment at a major institution or university.

Background*Danish infrastructure as basis for research*

Denmark holds exceptional good conditions for carrying out research on cancer and other chronic diseases due to the existence of a unique personal id-number system, a wealth of essential data that are accessible in a variety of national registers, a centralized overview of a large number of biobanks, and a well-educated and a social-minded population. In addition to this, the DCRC has its own animal facility.

Research at the Danish Cancer Society

Cancer research has been an essential part of the Danish Cancer Society's activities since the 1940s, where the Society established the national Danish Cancer Registry, the foundation for cancer epidemiology in Denmark, and the Fibiger Institute, an institute dedicated to biological cancer research. The management of the Research Center and the Danish Cancer Society regard the collaboration between these two major research areas as key to the development of better diagnostics and cancer treatment as well as personalised prevention and early detection (see the DCRC research strategy 2017-2019, Annex 1). Therefore, important obligations of the new Director will be to support the two main intentions of the DCRC strategy: to further reinforce cross-disciplinary collaboration between epidemiology and molecular biology and to

reach out for collaboration with external researchers and professionals in Denmark and abroad who are engaged in cancer treatment and prevention, as also described below.

Facilitating cancer research at national level

Recently, the Danish Cancer Society and its research centre in collaboration with leading cancer researchers and clinicians throughout Denmark contributed to the development of a model for a national collaboration between institutions engaged in research, treatment and prevention of cancer. This model has been finalised and approved by all parties, including the owners of Danish hospitals. As the new Director, you will be expected to help take this major national effort forward, and to place the Danish Cancer Society Research Center at the core of the research arm of the national collaboration. Through this and similar initiatives, you and your key partners are expected to coordinate and advance the Danish cancer research environment, to gain critical mass on a national level, and to ensure that Denmark becomes a natural choice as partner in European and other international collaborations in the field of cancer, Annex 1.

Working in a non-governmental organisation

In addition, you clearly see the challenges and potential of being a part of a non-governmental organisation, and you appreciate the ample possibilities of entering into mutually profitable collaborations with partners outside the scientific community, such as politicians, donors and volunteers as well as the other departments of the Danish Cancer Society. You are naturally interested in political decision-making both nationally and internationally that is important to your responsibilities as Director of a research centre closely linked to and supported by the Danish general population.

Personal profile

You have strong personal and professional integrity and strategic judgement. You find it easy to establish sustainable relationships with partners at all levels, and you are unpretentious and well balanced, with natural authority and empathy. As an experienced leader, you are fully capable of heading a centre comprising approximately 220 researchers and technical employees with 25 different nationalities. Moreover, you are capable of building intimate, collaborative leadership with the eight unit leaders of the Center. You will be responsible for an annual core budget of approximately 80 million DKK. You are good at raising additional funds for research purposes, and you will strongly support the senior scientific staff of the Center in attracting research grants, which currently amount to another 80 million DKK annually.

We assume that you are engaged professionally, and also personally, in the fight against cancer. In return, we offer a once-in-a-lifetime job in one of the most influential and interesting non-governmental organisations in Denmark.

The main responsibility and focus of the Research Director

The Research Director answers to the Managing Director of the Danish Cancer Society. Besides your responsibilities as head of the Research Center, you, together with the heads of the Danish Cancer Society's other departments and the Managing Director, make up the Management Board of the Danish Cancer Society. The Management Board ensures the overall strategic development and management of the Cancer Society.

The Research Director is responsible for the day-to-day operations of the DCRC and establishes clear goals and modern management processes to ensure the best possible coordination

and cooperation with the Danish Cancer Society's other departments in particular and with national and international research environments in general.

The responsibilities and focus of the Research Director are to:

- Ensure that research conducted in all parts of the DCRC maintains a high international standard and that the Center ranks top among comparable research institutes at international level;
- Ensures that the Danish Cancer Society's research across departments meets uniform requirements for quality and is published in respected international, specialist journals;
- Ensures that the results of the Danish Cancer Society's research are communicated effectively to the international scientific community at the same level as in the best cancer research institutes and that the results are also communicated to the public and used by Danish stakeholders to the greatest extent possible;
- Ensure that the Danish Cancer Society is at all times up to date about and is engaged in the latest advances in cancer prevention, treatment and prognosis;
- Ensures that the Danish Cancer Society is a visible, natural participant in the public debate about cancer at an informed, well-documented basis and functions as a driver of new initiatives on the cancer agenda in Denmark;
- Ensures uniform, result-oriented working conditions for employees with research positions in the Danish Cancer Society; and
- Ensures public respect for the Danish Cancer Society's activities in cancer research.

Workplace

The DCRC is part of the Danish Cancer Society. It is located in a pleasant, recently renovated, modern campus in Copenhagen and well connected with relevant academic institutions and research hospitals all over Denmark. The laboratories are equipped with state-of-the-art technology and IT, and the researchers have complete access to a variety of nationwide person- and health registries, which uniquely make Denmark the best country in the world in which to conduct epidemiological and translational research.

The Danish Cancer Society Research Center has an international environment, and the everyday working language is English. It is a prerequisite that the Research Director learn Danish during the first years of work; or be able to communicate in a Scandinavian language for daily work in the Danish Cancer Society. The workplace and working hours are, of course, smoke-free.

Presentation of the Danish Cancer Society

The Danish Cancer Society is a society for fighting cancer and for giving a voice to people afflicted by the disease. Through research, prevention and patient support, we strive to achieve a society in which as few people as possible are affected by cancer, as many as possible survive cancer and those with cancer and their close relatives have the right conditions for a life after cancer that is of the best quality possible (Annex 2).

All the work of the Society is based on the strongest available evidence, a common set of values, a common ethical foundation and the support of the population. Volunteer work and financial support from Danes are the basis for all the efforts of the Danish Cancer Society.

The Danish Cancer Society is a democratic organisation, based on membership and volunteer work. Local units and volunteers contribute to reaching the goals of the Society. Throughout the Society, volunteers and employees work closely together for this purpose.

The Danish Cancer Society ensures that all the services of the health care system during the course of cancer, from prevention to early diagnostics and treatment, counselling, rehabilitation and palliation for the incurably sick and dying, are at the highest international level. The Society contributes innovation, knowledge and research to the health care system.

The Danish Cancer Society encourages active participation of cancer patients and their close relatives in the choice of treatment and, generally, in the planning of all phases of their in- and outpatient treatment. The Society works to ensure that patients are treated with respect and dignity in all parts of the health care system.

Within the ethical, value-based framework of the Danish Cancer Society, cooperation is established with everyone who wants to contribute to help the Society reach its goals. It aims to influence society in order to reduce the risk for cancer and for the benefit of people afflicted by cancer.

On this foundation, the Danish Cancer Society has set five strategic goals for the cancer cause and for its work towards 2020 (Annex 3).

The governing body of the Danish Cancer Society is the Committee of Representatives, which consists of 30 delegates from local units, the Praesidium and the Central Board. The Committee of Representatives debates and approves the long-term objectives and plans of the Society and contributes to the development of the Society's activities.

In addition to the Danish Cancer Society Research Center, the Danish Cancer Society is composed of five academic departments: Patient Support & Community Activities, Cancer Prevention & Information, Documentation & Quality, Volunteering and Fundraising & Membership, which are supported by four shared services: Communication, Policy & Legal Advice, Finance & Operations and Human Resources.

The Danish Cancer Society employs about 900 people (650 full-time equivalents) nationwide. More than 45 000 Danes do volunteer work for the Society, equivalent to about 850 full-time equivalents.

The Danish Cancer Society's net income for achieving its aims and main activities is approximately 650 million DKK.

The Society funds not only the core budget of the DCRC, equivalent to 80 million DKK in 2016, but also a large number of scientific research projects at Danish hospitals, universities and research institutions and sojourns abroad for young researchers, in total equivalent to 200 million DKK in 2015. With regular calls for applications, the scientific committees of the Danish Cancer Society assess research proposals and travel applications prior to any funding.

Leadership and shared values

The philosophy of leadership in the Danish Cancer Society is based on dialogue, the concept of positive reinforcement and shared organisational values: credibility, openness, respect, involvement and humanity. Open dialogue exists at all levels of the Society, supporting and inspiring a culture of innovation, learning and development.

We expect our leaders at all levels to be visible and confident role models, who appreciate diversity and are motivated to manage in a highly committed working environment with a strong preference for self-organisation.

Additional information

More information can be obtained directly from Research Director, DCRC, Jørgen H. Olsen, jorgen@cancer.dk, telephone +45 3525 7654, or the Managing Director Leif Vestergaard Pedersen, lvp@cancer.dk, telephone +45 3525 7201.

Terms and salary

The terms of employment are negotiable.

Application

Applications should be written in English. Candidates should provide a CV, a full list of publications with an additional list comprising the 15 publications you value most, a fulfilling motivation letter and relevant diplomas.

The application labeled 'DCRC Director' should be submitted to the Managing Director of the Danish Cancer Society, Leif Vestergaard Pedersen, either by surface mail (49 Strandboulevarden, DK-2100 Copenhagen, Denmark) or by e-mail (lvp@cancer.dk).

Deadline

The deadline for applications is Wednesday 1 February 2017.

The process of filling the position will involve both an international scientific evaluation committee and an appointment committee (Annex 4). When the scientific evaluation committee has completed its evaluation, the appointment committee will select a number of qualified candidates for interview.

The nomination of qualified candidates for the position of Research Director should be made within 3 months of the deadline for applications. Selection of the successful candidate must be made within 6 months of the expiry of the deadline.

The expected starting date is negotiable but preferably by August 2017.

Annexes

Annex 1	Danish Cancer Society Research Center - strategy 2017-2019
Annex 2	Statutes of the Danish Cancer Society
Annex 3	The Danish Cancer Society's goals towards 2020
Annex 4	Guideline for Employing Scientific Personnel at the Danish Cancer Society Research Center

ENGLISH VERSION

Kræftens Bekæmpelse

Danish Cancer Society Research Center
Strategy 2017–2019

September 2016



PREAMBLE

In 1942, the Danish Cancer Society granted financial support to Dr. Johannes Clemmesen to establish the **Danish Cancer Registry**, the world's first national cancer registry. Soon after this milestone initiative, cancer epidemiology, a new research discipline in Denmark, grew, and gradually, both cancer registration and the results of a rising number of epidemiological studies attracted widespread international attention and placed Denmark in the forefront of this field of research. In 1949, the Cancer Society likewise provided financial support to Dr. Julius Engelbrect Holm to establish an institute of biological cancer research, which later became internationally renowned under the name the **Fibiger Institute**. Since establishment of the two institutes, cancer research has been a key component of the Cancer Society's work.

RECENT DEVELOPMENTS

The two institutes grew strong in their respective fields and, over the years, both contributed significantly to the international body of evidence on the aetiology and mechanisms of cancer, but with no significant internal collaboration. In order to create a critical mass and research synergy, in late 2010, the Danish Cancer Society decided to fuse the two institutes into one research centre.

Research collaboration within the Cancer Society

In late 2011, the governing bodies of the Cancer Society approved the new organizational set up for the Society's research, and the

Danish Cancer Society Research Center (DCRC)

was launched on 1 January 2012. It is now composed of six large units, each headed by an experienced, internationally renowned research leader:

- Unit of **Diet, Genes and Environment (DGE)**, headed by Anne Tjønneland;
- Unit of **Cell Death and Metabolism (CDM)**, headed by Marja Jäätelä;
- Unit of **Virus, Lifestyle and Genes (VLG)**, headed by Susanne Krüger Kjær;
- Unit of **Genome Integrity (GIG)**, headed by Jiri Bartek;
- Unit of **Survivorship (SVP)**, headed by Christoffer Johansen; and
- Unit of **Statistics, Bioinformatics and Registry (SBR)**, headed by Klaus Kaae Andersen.

To expand the research portfolio of the DCRC and to facilitate the transfer of the findings of DCRC researchers into clinical use, the Center was supplemented during 2013 with

- the Unit of **Translational Cancer Research (TCR)**, headed by Nils Brünner, and
- the Unit of **Cell Stress and Survival (CSS)**, headed by Francesco Cecconi.

To ensure representation of the next generation of research leaders in the management of DCRC, two talented, promising young researchers were recruited during 2013 and 2015 and offered resources and manpower to develop their best research ideas, resulting in:

- the **Brain Tumour Biology** Junior Group, headed by Petra Hamerlik, and
- the **Cell Division Laboratory** Junior Group, headed by Marin Barisic.

In 2015, the management of DCRC significantly upgraded bioinformatics support and research at the Center by adding a bioinformatics group (**Computational Biology Laboratory**) headed by Elena Papaleo to the SBR unit.

DCRC as integrated part of the Danish Cancer Society

When the Research Center was established in 2012, it was considered a vital part of The Danish Cancer Society with a set of long-term commitments. Accordingly, the main purpose of the Center was to:

- Ensure that research conducted in all parts of the DCRC maintains a high international standard and that the Center ranks top among comparable research institutes at international level;
- Ensures that the Danish Cancer Society's research across departments meets uniform requirements for quality and is published in respected international, specialist journals;
- Ensures that the results of the Danish Cancer Society's research are communicated effectively to the international scientific community at the same level as in the best cancer research institutes and that the results are also communicated to the public and used by Danish stakeholders to the greatest extent possible;
- Ensure that the Danish Cancer Society is at all times up to date about and is engaged in the latest advances in cancer prevention, treatment and prognosis;
- Ensures that the Danish Cancer Society is a visible, natural participant in the public debate about cancer at an informed, well-documented basis and functions as a driver of new initiatives on the cancer agenda in Denmark;
- Ensures uniform, result-oriented working conditions for employees with research positions in the Danish Cancer Society; and
- Ensures public respect for the Danish Cancer Society's activities in cancer research.

Research collaboration on an international level

Ever since establishment of the two research institutes by the Cancer Society, both national and especially international engagement has been a key component of the daily work of the institutes' researchers. Currently, more than 65% of the Center's output – in the form of approximately 250 peer-reviewed scientific publications annually – is produced in collaboration with major research institutions abroad, a principle of operation that the Center is intent on keeping as a vital part of its on-going strategy.

A major organizational initiative on national level

During 2014, the Cancer Society and its Research Center invited leading cancer researchers, key clinicians and representatives from the Danish Multidisciplinary Cancer Groups to participate in a working group to establish a national **Danish Comprehensive Cancer Center (DCCC)** and thus pave the way for a national cancer research strategy. During 2015, the working group finalized a model for a DCCC, and, presently, in summer 2016, negotiations for a final DCCC model are under way with the 'Danish Regions'. The Danish Cancer Society and its Research Center will play a key role in this national initiative.

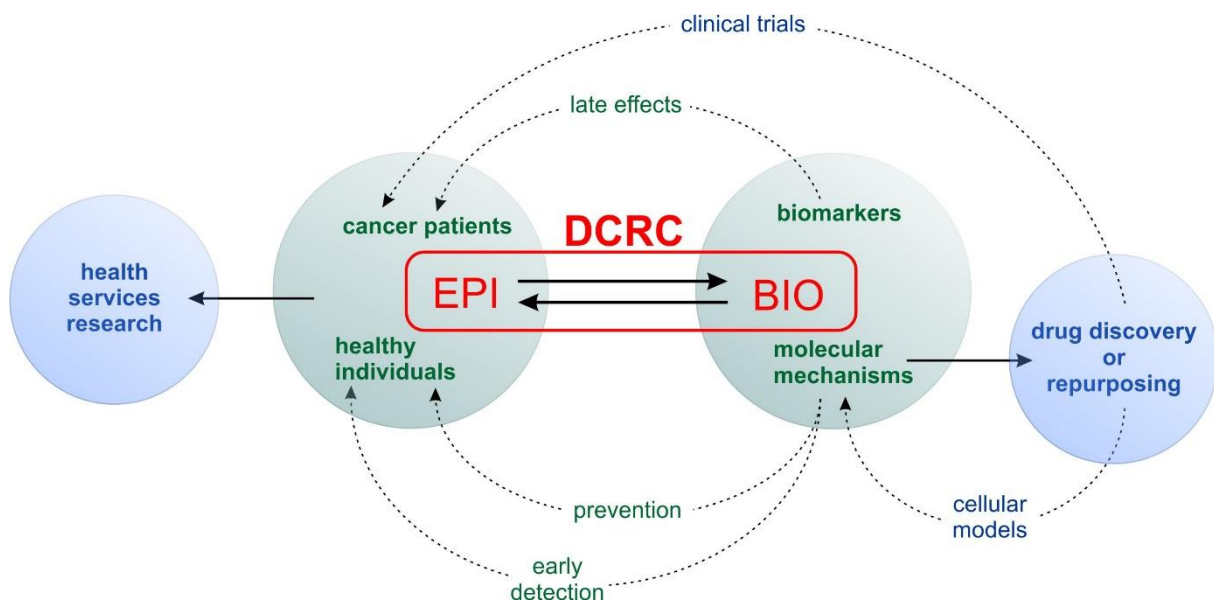
2017–2019 STRATEGIC RESEARCH PLAN FOR THE DCRC

Overview

The figure on the next page illustrates the complex interplay among different research disciplines required to advance the fight against cancer. The core alliance is a fundamental interaction between **epidemiology** and **molecular biology**, the two major research areas represented by the units at the DCRC. This collaboration is key to the development of better diagnostics and cancer treatment and personalized prevention and early detection, as also presented in our strategic research plan, outlined below. Our strategy is very ambitious, yet it reflects the recognized level of excellence of the DCRC research teams. This is reflected in the excellent publication profile of the Center, the ranking of the Center among the top-100 research institutions worldwide (on the basis of the publication quality indicators of the Scimago Institutions Ranking System), the excellent citation scores (h-indexes) of the research leaders, and the frequent calls upon DCRC's leading scientists as invited speakers globally (see also Annex 1).

Thus, in the context of the timeliest, most innovative global challenges in cancer research and considering our own strengths and collaborative links in both epidemiology and biological cancer research, we have conceived the **Strategic Research Plan for the DCRC** for the next three years (2017–2019), illustrated in the figure and described in more details below. The two main components of the research strategy are:

- to further reinforce cross-disciplinary collaboration between epidemiology and molecular biology, initiated at the establishment of the DCRC in 2012, and
- to reach out for collaboration with external researchers and professionals engaged in cancer treatment and prevention.



EPI, epidemiology; BIO, molecular biology

Cross-disciplinary collaboration between epidemiology and molecular biology is unique to the DCRC and is the most important basis for the Center's research strategy. Thus, the

national initiative to create a Danish Comprehensive Cancer Center is not a condition for the research strategy described below, as the strategy is based on our own priorities and strengths, however, the principle of cross-disciplinary collaboration is similar, and it will offer highly interesting possibilities for the DCRC in particular and for Danish health care research in general.

Important components of the strategy plan

The DCRC staff has a unique combination of expertise, ranging from epidemiology, biostatistics/bioinformatics and psychology to cellular and molecular biology.

- Understanding cancer initiation: Our epidemiology units, supported by our Biostatistics/Bioinformatics Unit (termed **EPI**), can provide the biology units (termed **BIO**) with top-quality data on all residents of the country as well as personal data and biological samples from large in-house cohorts of Danes with and without cancer and in all age groups. Proper analyses of such data create ample opportunities for the laboratories to unravel the cellular processes and identify the molecules responsible for the cellular and tissue responses to a diversity of external conditions, from environmental insults (such as tobacco smoke and pollution) to specific diet regimens and life styles. Molecules of interest to **BIO** are those related to the cellular response to stress, such as lipids, DNA repair enzymes, and organelle regulators, as well as factors related to autophagy, cell death and oxidative stress. Such information will be key to a deeper understanding of cancer initiation and consequently to the development of personalized cancer prevention.
- Cancer prevention: In turn, **BIO** will support **EPI** studies in continuous cross-talk and synergy, which has the vision to reduce cancer incidence by introducing medical cancer prevention initiatives for cohorts of 'high-risk' individuals in the Danish population. This will be done by identifying novel methods for detecting pre-cancerous lesions, identifying novel and 'old' drugs for chemical cancer prevention, performing preclinical studies in experimental animals followed by studies in large clinical cohorts, and finally initiating prospective clinical trials on medical cancer prevention.
- Early detection: Further, as for the **EPI**-monitored seemingly healthy populations, **BIO** will aim at identifying crucial and easily measurable biomarkers for early detection of asymptomatic cancer. Such biomarkers could be investigated routinely in appropriate populations defined as being at high risk in **EPI** studies.
- Late effects: Within the intimate **EPI-BIO** collaboration, innovative previously undetected biomarkers of physical or psychological late effects will be studied in cancer survivors. These biomarkers could then be sought routinely to determine which cancer survivors are at high risk for late effects, i.e. survivors who may need particular advice in order to take appropriate preventive actions or who may benefit by inclusion in suitable medical surveillance programmes.

- **Cancer vulnerability and novel treatment targets:** Given the major work of the **BIO** laboratories in cellular signaling and the molecular pathways that regulate cell growth, response to diverse stresses, autophagy and cell death in normal *versus* cancer cells, we will identify any vulnerability of tumour cells that can be targeted in future innovative and personalized treatments. These candidate novel molecular targets will be characterized in terms of their chemical structure, their biochemical modifications and their functions in cellular regulatory networks by **BIO**. These targets will also be validated and further analysed in biological materials obtained from **EPI** cohorts, clinical materials from collaborating health centres and oncology departments in Denmark, the other Nordic countries and beyond as well as by use of the abundant information available in international cancer-related databases. Notably, the targets will provide inspiration for the next step: developing ‘innovative therapeutic strategies’ (see next bullet point).
- **Innovative therapies:** In collaboration with appropriate external research teams with complementary expertise and with facilities in Denmark and abroad, we will establish a forward-flow approach to new cancer therapies. Many potential partners in such efforts will certainly be part of the future **DCCC**. The above-mentioned outcome of the joint effort of **EPI** and **BIO** to identify novel molecular targets for cancer treatments will be further exploited in drug development pipelines or in drug repurposing approaches. ‘Repurposing’ is alternative use of, or indication for, a drug originally developed and licensed for a different disease (such as the painkiller aspirin, which has been shown to reduce the risk for gastrointestinal cancer significantly). These joint efforts will also require preclinical studies and parallel development of biomarkers to select the subset of patients who might most benefit from such treatment strategies.

The setup described above will provide the basis for novel prospective **intervention trials**, probably synchronized with innovative nutraceutical approaches, to reduce the ever-increasing cancer incidence. In addition, in collaboration with clinical research environments, we will initiate **clinical trials** to treat individuals at high risk for cancer and thereby prevent the progression towards malignancy and treat already established cancers. In the meantime, the continuous flow of information from such activities will generate new cellular and animal models for testing the molecular mechanisms identified by **BIO**.

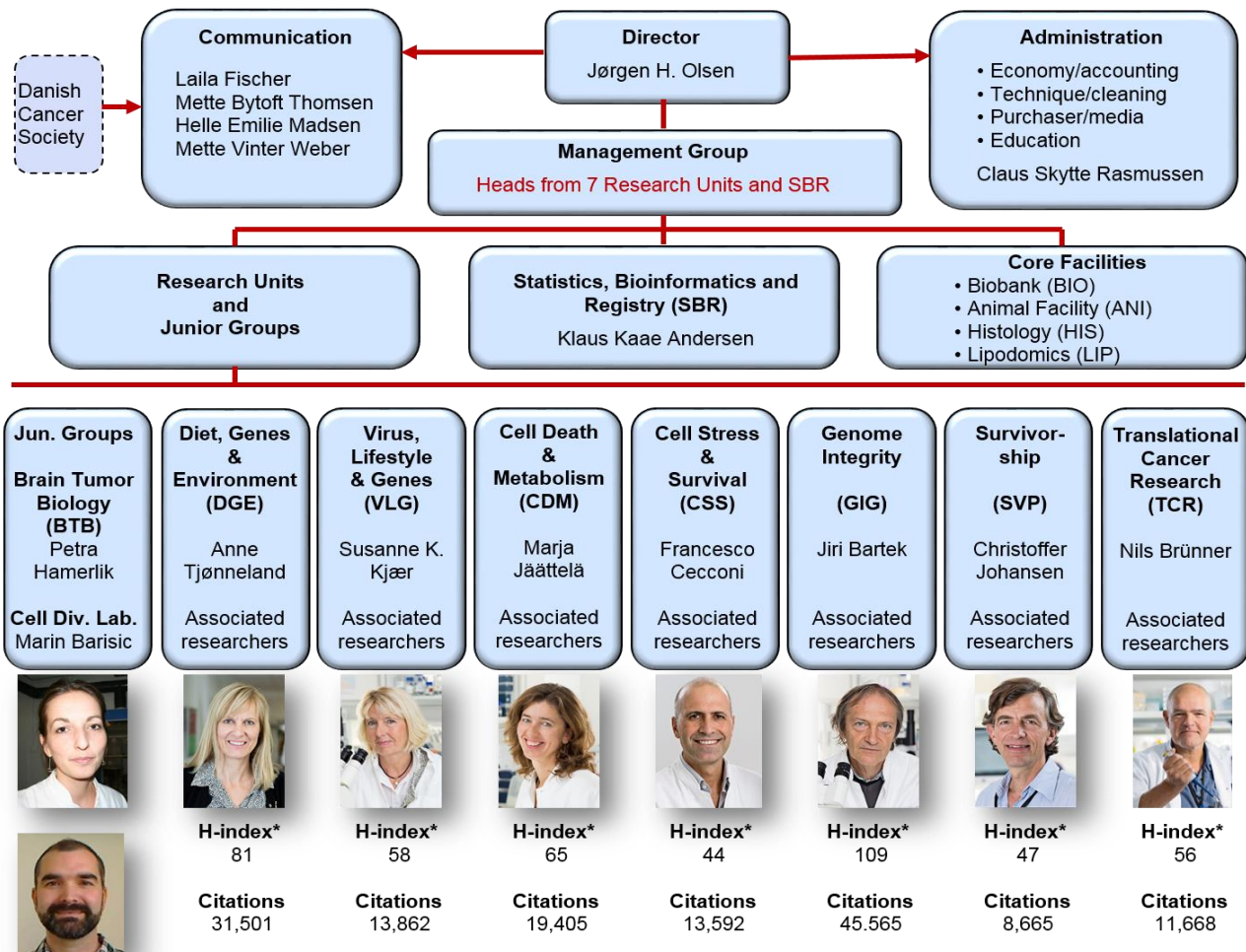
In sum, our **cross-disciplinary competence**, which is the main strength and asset of the DCRC, is fundamental for competitive advancement of research in the years to come and will also represent an important element in the success of the **DCCC** initiative. Many approaches, such as chemical research in drug development and repurposing, may contribute to create novel therapeutic avenues. As one of **DCCC** assets, this will help complete our drive towards developing novel clinical approaches to fight cancer.

OPERATIONAL NEEDS

To implement the plan in the coming three years, the DCRC will have to increase the capacity of its researchers and its laboratory equipment and facilities, by:

- intensifying cross-disciplinary collaboration between epidemiology and molecular biology;
- greatly increasing its repertoire of large strategic infrastructures;
- devising clear career paths for young and creative scientists, in line with the recent postdoctoral challenge programme;
- and, most importantly,
- including clinicians both nationally and internationally in the DCRC constellation of collaborators, a campaign that will both help us to achieve our **strategic research plans** and increase the multidisciplinary offer of our **educational programmes**.

DCRC: FACTS-AT-A-GLANCE



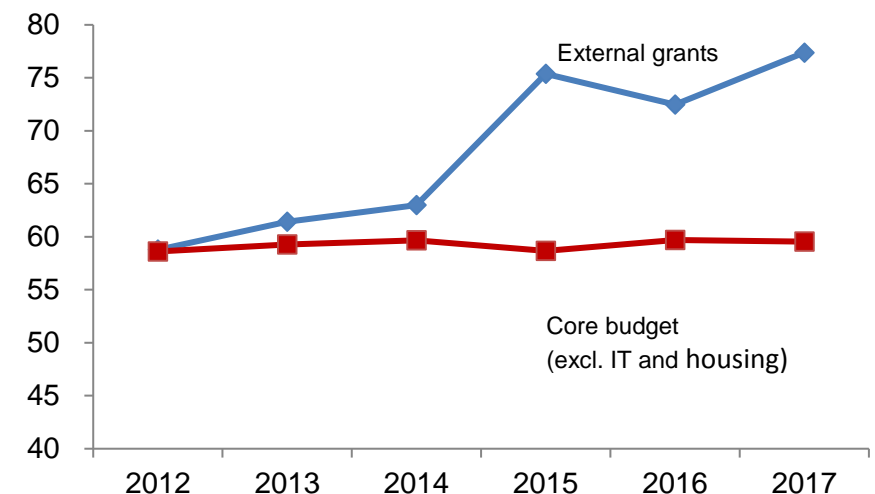
*The H-index is a measure of the amount and quality of research made by individual researchers. The H-index represents the number of papers that have been cited at least that number of times – an H-index of 15 means an author has 15 papers that have been cited at least 15 times each. A high H-index means that the author has a relatively high number of highly cited papers.

DCRC publications

2012: **277**
 2013: **319**
 2014: **247**
 2015: **280**
 2016: **263 (est.)**

Among the worlds approximately 5,000 research institutions, the DCRC ranks among the top-100 using publication quality indicators of the SCIMAGO Institutions Ranking system

mio. DKK



Units	Core budget (Mio. DKK)	External grants (Mio. DKK)
Diet, Genes & Environment	10.4 (33%)	20.8 (67%)
Virus, Lifestyle & Genes	5.1 (34%)	9.8 (66%)
Cell Deaths & Metabolism	7.3 (30%)	17.3 (70%)
Cell Stress & Survival	4.6 (67%)	2.2 (33%)
Genome Integrity	9.1 (57%)	6.7 (43%)
Survivorship	5.3 (31%)	12.0 (60%)
Statistics, Bio-informatics & Registry	5.3 (71%)	2.2 (29%)

SCIENTIFIC ADVISORY BOARD (SAB)

Chair of the SAB

• **Professor Ulrik Ringborg**, Karolinska University Hospital, Stockholm, Sweden

Scientists with expertise in population-based cancer research

• **Professor Cornelia Ulrich**, Huntsman Cancer Institute, Salt Lake City, Utah, USA
 • **Professor Jan-Willem Coebergh**, Retired from Erasmus University Medical Center, The Netherlands

Scientists with expertise in biological cancer research

• **Professor Varda Rotter**, Weizmann Institute of Science, Rehovot, Israel
 • **Professor Kevin Ryan**, Cancer Research UK Beatson Institute, Glasgow, UK

OTHER ASSETS

Access to animal facility

Other core facilities, incl. a metabolomics facility

Bioinformatics

Large cohorts collections including biobanking

CENTER STAFF 2016*	On core budget	On grants
Technical & administrative staff	32	17
Researchers	45	91
Total	77	108

* plus 109 guest researchers in 2016

Statutes | Danish Cancer Society

Statutes



The Danish Cancer Society is founded
october 1928

UNDER THE PATRONAGE OF
HER MAJESTY THE QUEEN

§ 1 Name and location

Para. 1. The name of the Society is Kræftens Bekæmpelse (the Danish Cancer Society).

Para. 2. The Danish Cancer Society's registered headquarters are in Copenhagen.

§ 2 Purpose

Para. 1. The purpose of the Cancer Society is to fight cancer.

Para. 2. The Cancer Society ('the Society') shall endeavour:

- to prevent the onset of cancer
- to increase the potential for cures
- to alleviate the physical, psychological and social impacts of cancer

§ 3 Spheres of activity

Para. 1. The Society's spheres of activity include research, education, increasing awareness, prevention, patient support, and formulating cancer policies both within these areas and within the fields of diagnostics and treatment.

Para. 2. The Society undertakes its prescribed tasks by means of

- its own activities, including research
- collaboration with relevant national and international public, voluntary and private partners
- political influence at local, regional, national and international levels

Para. 3. The Society shall, in its activities, work to develop, expand and strengthen the wider community's overall efforts to fight cancer – which shall include initiating new measures – without thereby replacing the activities of the public sector itself.

Para. 4. In all its activities, the Society shall endeavour to ensure that each individual is capable of assuming their natural responsibility for their own situation in relation to the prevention and early diagnosis of cancer, as well as for their treatment and for their rehabilitation following cancer.

§ 4 Division of responsibilities

Para. 1. The Committee of Representatives debates and approves the long-term objectives and plans of the Society and contributes to the ongoing development of the Society's activities.

- Para. 2.** The Central Board debates and approves the overall policy strategies for the Society's key areas of activity, including those resulting from meetings of the Committee of Representatives.
The Central Board establishes the delineation of the Society's activities within specific areas and how these are prioritised.
- Para. 3.** The Executive Committee is responsible for the day-to-day policy direction of the Society.
- Para. 4.** The Management is responsible for the day-to-day management of the Society.
- Para. 5.** The Central Board establishes, by means of procedural rules, the various management responsibilities.

§ 5 Membership

- Para. 1.** Members of the Society may be admitted either as individuals or as families within the same household. Institutions, companies and organisations may also be admitted.
- Para. 2.** The membership fee for individuals and families for the following financial year is determined at the Annual General Meeting of the Committee of Representatives. The fee for institutions, companies and organisations whose membership is collective is determined by agreement between the relevant member and the Society.
- Para. 3.** Persons elected to the boards of local units, regional committees, the Presidium or the Central Board shall be members of the Society.
- Para. 4.** Other voluntary work for the Society does not require membership.

§ 6 Local units

- Para. 1.** A local unit comprises those members of the Society residing in a particular municipality. A local unit may incorporate more than one municipality.
- Para. 2.** Local units which decided before the beginning of 2006 to continue as local units based upon pre-2007 municipal boundaries, and which have a liaison committee, may do so, provided that
- All the Society's members in the municipality are guaranteed the opportunity to participate in the Annual General Meeting of the association

- The consultation committee is the Society’s recognised local political body within the municipality
- The chairperson of the consultation committee is recognised as the chairperson of the Society in the municipality and its spokesperson on political issues

Para. 3. The functions of local units are:

- to assist in carrying out the Society’s policies in relation to cancer-related issues
- to contribute to the maintenance of contact and collaboration with the local municipality in relation to cancer-related issues
- to disseminate information about the Society’s work and its results, with the aim of promoting the fight against cancer
- to undertake local activities, including fundraising, information, prevention and patient-support activities within the frameworks established by the Central Board
- to ensure accessibility for members
- to safeguard the interests of local citizens and members of the Society

Para. 4. The Annual General Meeting is held every year before the end of March and is announced in the public media at least 14 days in advance.

Resolutions to the Annual General Meeting (AGM) must be sent to the chairperson of the local unit at least 8 days before the AGM.

The agenda for the AGM must include the following:

- 1) Election of a chair
- 2) The committee shall report on the year’s activities for approval
- 3) The audited accounts shall be submitted for approval
- 4) Debate and approval of the association’s plan of action for the coming year
- 5) Election of committee members including substitutes
- 6) Selection of auditor and substitute if applicable
- 7) Resolutions received
- 8) Any other business

Para. 5. The local unit is headed by a committee usually consisting of 5-7 members elected directly by the unit’s own members at the AGM, in accordance with Para. 1. The AGM may grant exemptions from the residency rule. When nominating candidates for positions on the committee, the committee strives to ensure that different skills and backgrounds, including diverse geographical locations, are represented. Any members who have not paid their subscription by the time of the AGM may not be elected and may not vote. Voting by proxy is not permitted. Family membership

provides eligibility both for election to and voting rights for the committee of the local unit for a maximum of two family members.

The election period is 2 years. Every year, around half of the places on the committee are open to election. Re-election is permitted.

- Para. 6.** The committee elects its own chairman and treasurer, who must represent different households.
- Para. 7.** The committee establishes its own rules of procedure.
- Para. 8.** The committee is responsible for the promotion and coordination of volunteered activities in the municipality.
- Para. 9.** The committee can establish local task forces and activity groups working independently but accountable to the committee.
- Para. 10.** The committee finances its local activities through local collections, donations, sponsors and public grants within the Society's ethical guidelines. It is possible for the local unit to receive financial support in accordance with the guidelines established by the Central Board. The Central Board determines the maximum funds that can be held in a local association's account.
- Para. 11.** Financial contributions are to be used in accordance with the wishes of the donor or for the purpose of the collection. Sums collected as part of a national campaign are sent to the national HQ.
- Para. 12.** The local unit may not provide financial support to individuals, or to research or for activities that are normally undertaken by public bodies. Leasing contracts may be entered into with the agreement of the Regional Office.
- Para. 13.** The local unit is to provide a financial statement of income and expenditure for each calendar year in accordance with the applicable rules and instructions as determined by the Society's auditor for the provision of local unit financial statements. The audited accounts are to be forwarded to the Society for approval before the end of March.

§ 7 Regional Committee

- Para. 1.** Each of the 5 regions has a Regional Committee
- Para. 2.** The duties of the Regional Committee are:
- to assist in carrying out the Society's policies with regard to cancer-related issues at the regional level

- to provide information about the Society’s work and its results with the aim of promoting the fight against cancer
- to inform the region’s local units as well as the Central Board about regional cancer-related issues
- to seek to collaborate with potential user panels or similar bodies within the region

Para. 3. The Regional Committee consists of 5-9 members and two substitutes elected from the Society’s membership. When drawing up the candidates, account must be taken of the need for the necessary insight as well as professional and geographical diversity to ensure that the committee’s tasks can be fulfilled. An election meeting in June elects 5-9 members and two substitutes. Each local association or liaison committee within the region has 2 voting representatives, and members of the Regional Committee also have the right to vote.

The term of office is 2 years. Every year around half of the positions are open to election. Re-election is permitted.

Resolutions to the election meeting must be submitted to the chairperson of the Regional Committee no later than 8 days before the meeting.

The Regional Committee selects its own chairperson and vice-chairperson.

The Committee determines its own rules of procedure.

Para. 4. The agenda for the election meeting must include the following:

- 1) Election of a Chair
- 2) The Regional Committee shall report back on the year’s activities for approval
- 3) Debate and approval of the Regional Committee’s plan of action for the coming year
- 4) Election of Regional Committee, including substitutes
- 5) Resolutions received

§ 8 Collaboration between local units, regional committees and regional Central Board members

The Central Board shall ensure that collaboration with municipalities and regions on cancer-related issues takes place, and shall coordinate the Society’s efforts in this direction. One way in which this can occur is through an annual

meeting (not the election meeting) between the region's local unit chairpersons, the heads of the liaison committees, the Regional Committee and Central Board members resident in the region.

§ 9 The governing bodies of the Danish Cancer Society

Para. 1. The Society's governing bodies are:

1. The Committee of Representatives
2. The Presidium of the Committee of Representatives
3. The Central Board
4. The Executive Committee

§ 10 Committee of Representatives

Para. 1. The Committee of Representatives is the Society's highest authority.

Para. 2. The duties of the Committee of Representatives are to:

- Determine the Society's statutes
- Debate and approve the long-term objectives and plans for the Society's coming activities
- Elect the Presidium, Central Board and auditor
- Approve reports and annual accounts
- Determine the membership fee

Para. 3. The Committee of Representatives consists of:

- representatives from the Society's local units. Every local unit has the right to two representatives selected by the unit's committee. For every 1,000 members, a local unit may select a further representative.
- 2 representatives for each regional election
- members of the Presidium of the Committee of Representatives
- members of the Central Board

Para. 4. The Central Board establishes relevant guidelines for the participation of guests.

Para. 5. The Annual General Meeting of the Committee of Representatives is held every year before the end of May.

The agenda for the Annual General Meeting of the Committee of Representatives must include the following:

- 1) The Central Board reports on the year's activities for approval
- 2) Presentation and approval of the audited annual accounts as submitted the Central Board
- 3) Debate and approval of the Society's long-term objectives and plans, including plans for local units and regional committees
- 4) Establishment of membership fees for individuals and families for the following financial year
- 5) Election of the Presidium of the Committee of Representatives
- 6) Election of the Central Board
- 7) Election of auditor
- 8) Dealing with cases brought to it by the Presidium or the Central Board, or cases notified to it by a member of the Committee of Representatives at least 4 weeks beforehand. Notification must be given in writing to the Chairperson of the Society
- 9) Any other business

Para. 6. The Committee of Representatives shall also meet if the President or the Central Board deems it necessary, or if 50 members of the Committee of Representatives submit a written request to that effect.

Para. 7. A minimum of 6 weeks' notice is to be given for meetings of the Committee of Representatives.

§ 11 The Presidium of the Committee of Representatives

The Committee of Representatives is led by a Presidium consisting of a President and two Vice-Presidents, who are elected for a three-year period at the Annual Meeting of the Committee of Representatives. One of the three members of the Presidium is elected every year. Re-election is permitted, although no more than twice. Members of the presidency cannot at the same time be members of the Central Board or be employees of the Society. Members of the Presidium are entitled to participate in meetings of the Central Board. The President is entitled to participate in meetings of the Executive Committee.

§ 12 Central Board

Para. 1. The Central Board consists of 30 members. 28 members are elected by and from members of the Society using the points method at the Annual General Meeting of the Committee of Representatives. 2 members are elected by and from employees of the Society. Apart from these 2 members, no other members of the Central Board may be employees of the Society. Central Board members serve for a period of 3 years, and every year one-third of the members elected by the Committee of Representatives stand for re-election. Re-election is permitted, although no more than twice.

Following a waiting period equivalent to the time served by a person as a member of the Central Board, it is possible for him/her to stand as a candidate again.

In the event that a member resigns from or otherwise leaves the Central Board between two Annual General Meetings of the Committee of Representatives, a special election takes place at the next Annual General Meeting. Until that time, the position remains unfilled.

Candidates to the Central Board must be nominated by at least 5 members of the Committee of Representatives or Central Board.

Para. 2. The Central Board's nomination of candidates to the Board must take account of the need to ensure that the expertise and professional versatility necessary to carry out the obligations of the Central Board are reflected in its nominees, and that relevant patient organisations and groups and all five regions are represented.

In the event that the Central Board is of the view that in general, or in one or more exceptional cases, it lacks the necessary expertise, the Central Board may, where appropriate, draw upon non-Board members with specific expertise and/or representatives of patient organisations or groups to participate in meetings, although without voting rights.

Para. 3. Every year, the Central Board elects from among its members a Chair and Vice-Chair. Re-election is permitted.

Para. 4. The Central Board holds its constitutive meeting within 1 month of the Annual Meeting of the Committee of Representatives.

At its final meeting before the Annual Meeting of the Committee of Representatives, the outgoing Central Board determines the time and location for the constitutive meeting of the new Central Board and continues its work until this takes place.

The term of office of the new Central Board members begins with effect from the constitutive meeting.

As well as the constitutive meeting, The Central Board normally holds four regular meetings per year and also if the Chair, Vice-Chair, a majority of the Executive Committee or at least 5 members of the Central Board deem it necessary.

The Central Board itself determines its rules of procedure.

- Para. 5.** The chairpersons of the permanent committees usually attend meetings of the Central Board, although without voting rights.

§ 13

- Para. 1.** Matters of principle or of otherwise vital significance for the Society's activities, including the prioritisation of its statutory obligations, are submitted to the Central Board by the Executive Committee or taken up on the initiative of the Central Board itself.

- Para. 2.** The Central Board makes decisions as to the approval of the key financial figures as well as the accounts.

- Para. 3.** The Central Board appoints and dismisses members of the Management Team on the basis of recommendations made by the Executive Committee. The Management Team is responsible for the day-to-day leadership of the Society.

§ 14 Executive Committee

- Para. 1.** The Central Board elects from among its members an Executive Committee responsible for the day-to-day leadership of the Society. The Chairperson and Vice-Chairperson of the Central Board are at same time Chairperson and Vice-Chairperson of the Executive Committee, which also consists of a further 5 members. The term of office is one year and re-election is permitted. The Executive Committee itself determines its rules of procedure, subject to the approval of the Central Board.

Para. 2. In the event that the Executive Committee lacks the necessary expertise to deal with one or more exceptional cases, it may draw upon non-Board members with specific expertise to participate in meetings on an ad hoc basis, although without voting rights.

Para. 3. The chairpersons of the permanent committees normally attend Executive Committee meetings in order to strengthen the relationship between the Executive Committee and the relevant committee with regard to issues in which the latter has expertise. Chairpersons of the permanent committees do not have voting rights within the Executive Committee.

§ 15 Committees

Para. 1. The Central Board shall appoint the following permanent committees:

1. The Society's Scientific Committee (Kræftens Bekæmpelses Videnskabelige Udvalg), which is allocated a grant before the start of each financial year by the Central Board to be distributed at the discretion of the Committee for the support of scientific work
2. The Prevention and Information Committee (Forebyggelsesudvalget), which advises on issues relating to the provision of information both about cancer-related illness and the Society itself
3. The Patient Support Committee (Patientstøtteudvalget), which advises on issues relating to support to cancer patients, their relatives and the bereaved
4. The Voluntary Work Committee (Udvalget for det frivillige arbejde), which advises on issues concerning work within and collaboration with local associations and other volunteers
5. A broadly-based scientific committee, which provides ad hoc advice on overarching scientific issues

Para. 2. Additional permanent committees may be appointed at the discretion of the Central Board.

Para. 3. The Executive Committee may request a permanent committee to express its views, and a permanent committee may express its views to the Executive Committee on its own initiative, about issues within the permanent committee's sphere of competence.

Para. 4. The Executive Committee may appoint ad hoc committees according to need and determine their terms of reference.

§ 16

Para. 1. The terms of reference applicable to permanent committees are determined by the Central Board following proposals from the Executive Committee.

Para. 2. The Central Board shall determine the maximum number of members for each individual committee, as well as deciding the criteria for the composition of each committee and the guidelines for securing nominations to it. The Central Board shall, in this connection, ensure that an appropriate range of specialist skills are reflected in the committee and also take reasonable account of the geographical and institutional constitution of its membership.

Para. 3. The Central Board selects members of the permanent committee after the relevant committee has had the opportunity to submit its reasoned nominations and/or express its views about candidates nominated by another body. The term of office is 3 years, and every year one-third of the positions on the committee are subject to election. Re-election is permitted once only. In the event of a member's re-election to a permanent committee, any subsequent election to that committee can take place after a 6-year period. It is not permissible to be a member of the Central Board and a permanent committee, or to be a member of more than one permanent committee, simultaneously.

In the event that a member resigns from or otherwise leaves a permanent committee, the remaining members select a replacement for the vacant position for the remainder of the term of office. Members selected in this way can be re-elected to a further two terms.

Para. 4. Committee members may be either Danish or foreign citizens.

Para. 5. Every committee shall elect from among its members a chairperson, who serves in this role for the duration of his/her term of office on the committee.

Para. 6. The chairperson of the Central Board has the right to observe the meetings of permanent committees and is to be sent notice, agendas and minutes of their meetings.

Para. 7. The rules of procedure for each permanent committee are determined by the Executive Committee following discussions with the relevant committee.

Para. 8. The CEO of the Society is responsible for secretariat services in all the permanent committees and has the right to participate in the meetings of the committees.

§ 17 Binding authority

The following persons have the right to legally bind the Society in contractual arrangements:

- Chairperson/Vice-chairperson of the Central Board in conjunction with the CEO,
- 2 members of the Executive Committee in conjunction with the CEO, or
- 3 members of the Executive Committee

§ 18 Accounts and audits

The Society's accounting year is the calendar year. The society's bookkeeping and accounts are audited by a chartered accountant elected by the Committee of Representatives.

§ 19 Statutory Amendments and the Society's dissolution

Para. 1. Changes to the Society's statutes may be adopted at any meeting of the Committee of Representatives if a resolution to this effect is included on the agenda and at least 2/3 of the members present at the meeting vote in favour of the resolution.

Para. 2. A decision to dissolve the Society can be taken at a meeting of the Committee of Representatives if the resolution to do so is included on the agenda and is supported by at least 3/4 of Committee members with voting rights. In the event that the resolution receives the support of more than half, but less than 3/4, of all members of the Committee with voting rights, the resolution to dissolve the Society shall be adopted if a new meeting of the Committee of Representatives is called within 30 days to debate the resolution, and the resolution is supported by a simple majority of the members of the Committee present at this meeting.

Para. 3. In the event of the dissolution of the Society, the Committee of Representatives shall decide how the Society's resources should be disbursed for non-profitable purposes and in accordance with the objectives of the Society. The decision shall be approved by the Ministry of Health.

§ 20 **Date of effect**

These statutes were most recently amended at the Committee of Representatives meeting of 25 May 2014 and came into effect on the same date.

Statutes | Danish Cancer Society

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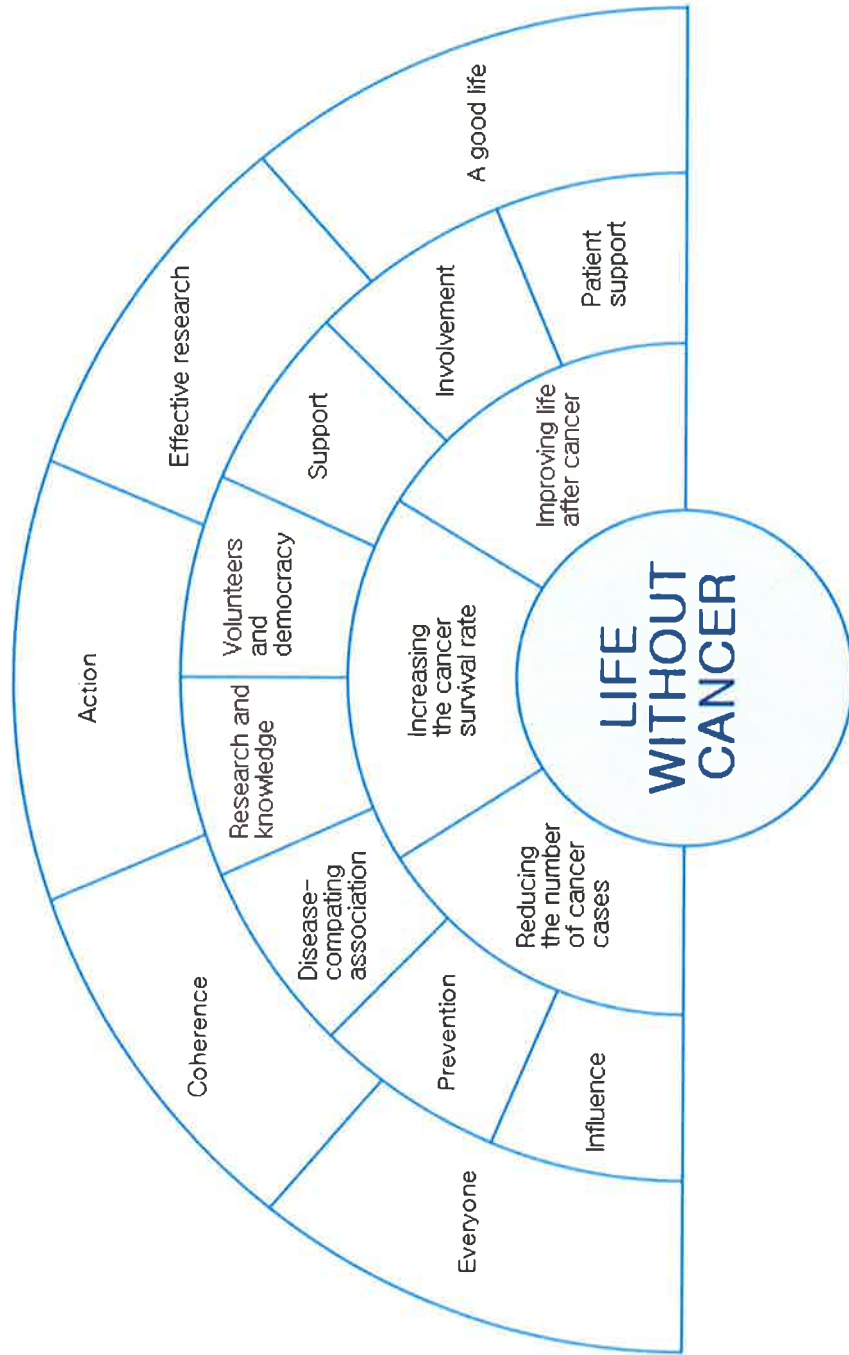
THE DANISH CANCER SOCIETY'S
GOALS TOWARDS 2020

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EFFECTIVE RESEARCH

The Danish Cancer Society must contribute to promoting national cancer research, and thus global cancer research, for the benefit of the fight against cancer.

This means

- that each year, the Danish Cancer Society provides financial support to the best Danish cancer research projects and documents that the results receive international recognition
- that the Danish Cancer Society's own research centre generates results that are internationally recognised and contribute to a strong research climate in Denmark
- that the Danish Cancer Society supports and actively promotes the collection of research-based knowledge in areas that require particular attention, including knowledge about how to organise and best utilise the overall efforts made

The Danish Cancer Society is a democratic association based on membership and volunteering. Local units and volunteers help the Society to achieve its goals.

The Danish Cancer Society expects and strives to achieve quality at the highest international level from the healthcare system throughout the cancer treatment course – from early diagnosis and treatment to counselling, physical rehabilitation or palliative treatment for incurable or terminal patients. The Danish Cancer Society contributes knowledge, innovation and research to the healthcare system.

The Danish Cancer Society works towards involvement of cancer patients and relatives in their own cancer treatment course and in the organisation of cancer treatment courses in general. The Danish Cancer Society works towards a commitment to responsibility in the healthcare system.

Within the Danish Cancer Society's ethical framework and value set, we cooperate with everyone who wants to help the Society to achieve its goals. The Danish Cancer Society wishes to influence the general public to reduce the risk of getting cancer and to help those affected by cancer.

GOALS TOWARDS 2020

The Danish Cancer Society's five strategic goals for the cancer cause and the Society's work towards 2020:

EVERYONE

Everyone's risk of cancer must be reduced and everyone must benefit from the best treatment results – a particular boost is required for poorly performing groups and areas.

This means

- that our efforts must be individually organised to ensure that everyone gets the best possible results
- that no matter where in Denmark you live, you have access to the best results
- that cancer patients suffering from other diseases and illnesses must receive qualified treatment

ACTION

Knowledge about prevention and treatment of cancer must be translated into notable improvements.

This means

- that the time it takes for new knowledge to be put into action must be reduced
- that knowledge about cancer prevention must be implemented

COHERENCE

Cancer patients must experience coherence and top quality in their cancer treatment course as well as responsibility in all aspects of the pathway.

This means

- that no cancer patients must be lost in the course of treatment
- that cancer patients must benefit from quality improvements
- that cancer patients and relatives must experience that their individual needs are being actively met

A GOOD LIFE

People suffering from cancer should be able to lead a fulfilling daily life.

This means

- that cancer patients and relatives must be offered the best possible framework and conditions for leading a good, active life themselves
- that cancer patients and relatives must be given support and help when needed
- that cancer patients must be given professional help to reduce late sequelae
- that the necessary knowledge about how daily life is perceived must be obtained

VISION

“Life without cancer”

MISSION

With its populist base and the expertise and skills achieved through research, patient support and prevention activities, the Danish Cancer Society will work towards

- reducing the number of cancer cases
- increasing the cancer survival rate
- improving life after cancer

FOUNDATION - WHAT WE'RE BUILDING ON

The Danish Cancer Society is a disease-combating association.

The Danish Cancer Society fights to be a voice for cancer sufferers. Through research, prevention and patient support, we fight to minimise the number of cancer cases, maximise the number of cancer survivors and optimise conditions for cancer sufferers and their relatives to ensure the best possible life after cancer.

All of the Society's activities are based on the strongest pool of knowledge available, a common set of values, a common ethical basis and support from the population. Volunteering and financial support from the Danish population is the prerequisite for the Danish Cancer Society's activities.

The world-class research produced by the Danish Cancer Society needs to be maintained and further developed. The Danish Cancer Society's prevention efforts and knowledge about prevention are unparalleled and need to be maintained and further developed. The high level of the Society's patient support activities needs to be maintained and further developed.

Adopted by the Management Group April 19, 2012

Approved by the General Collaboration Committee ('HSU') June 12, 2012

Guideline for Employing Scientific Personnel at the Danish Cancer Society Research Center (DCRC)

AIM

The aim of this guideline is to create a common framework for the employment of scientific personnel at the Danish Cancer Society Research Center. The object is clarification of the employment process procedure, thus enabling the Danish Cancer Society to document how we ensure that the best qualified applicant is employed in each position.

The guideline was inspired by 'Bekendtgørelse om ansættelse af videnskabeligt personale ved universiteter' ('Departmental Order on Employment of Scientific Personnel at the Universities'). This guideline represents an organisational interpretation of the Departmental Order, but includes a number of additional measures intended to secure an unbiased professional foundation for the employment of scientific personnel at the Danish Cancer Society.

APPLICATION

Salaried Positions

The guidelines apply to all salaried positions within the scientific job structure of the DCRC, see encl. 1.

Unpaid Positions

The DCRC will devise a local guideline for the employment of unpaid visiting researchers and Master's students, which includes a procedure for orientation of colleagues and the department. The local guideline will be published on Insite.

ADVERTISING SCIENTIFIC POSITIONS

Advertising Positions

All salaried positions within the scientific job structure of the DCRC are filled after advertisements. Positions at the level of Director, Head of Research Unit, Junior Group Leader, and Senior Scientist are advertised internationally as well as nationally. Other salaried positions are advertised nationally, but can be advertised internationally if deemed relevant by the Director. Positions advertised nationally only may be posted in Danish or English depending on the working language in the Unit.

Exceptions

Time limited positions up to one year may be filled without advertisement. Time limited positions as Postdoc following immediately after a completed Ph.D. degree at the Danish Cancer Society may be filled for a period of up to two years without advertisement. If a time limited



position is subsequently renewed, the guideline must be adhered to with respect to advertisement, evaluation, and interviews. Time limited positions as Ph.D. student or Postdoc/Senior Scientist may be filled without advertisement for up to 3 or 5 years, respectively, on the condition that a research grant has been given with specified salary for the employment.

In special circumstances a position at the level of Head of Unit, Junior Group Leader or Senior Scientist may be filled without advertisement using a search committee, cf. below. The Director decides in consultation with the Managing Director of the Danish Cancer Society, whether such 'special circumstances' have occurred.

Procedure for Advertisements

The normal procedures of the Danish Cancer Society are adhered to in connection with advertisements with respect to content, form, and advertising; the Director (regarding advertisements for Head of Research Unit) or the Head of Research Unit (regarding other positions) collaborates closely with HR in the process. As a supplement to the general procedures, HR describes the recruitment process for scientific personnel and encloses a copy of the guideline for the applicants, once reception of the applications is acknowledged, see encl. 2.

EVALUATION OF THE QUALIFICATIONS OF THE APPLICANTS

Evaluation Committees for Positions as Head of Research Unit, Junior Group Leader and Senior Scientist

An evaluation committee is composed for positions at the level of Head of Research Unit, Junior Group Leader or Senior Scientist. The members of the evaluation committee are as a rule appointed by the Advisory Committee of the DCRC. Alternatively, the members are appointed by the Director, who may confer with the relevant Head of Research Unit when appointing members of an evaluation committee regarding positions at the level of Senior Scientist

Evaluation Committee for the Position as Director

An evaluation committee is composed for the position as Director. The members of the evaluation committee are appointed by an ad hoc international scientific committee, selected by the Managing Director. The Managing Director may confer with the retiring Director when selecting the committee. The evaluation committee must have a majority of international members. Furthermore, the stipulations of this guideline regarding number of members, the work of the evaluation committee etc. must be followed.

Composition of the Evaluation Committee

The evaluation committee is composed of 3 or 5 members, the majority of which from other research institutions than the Danish Cancer Society - international, if possible. The members of the evaluation committee must possess an academic level of competency at least comparable to the level required for the position. The chairman of the committee is appointed by the Director among the 3 or 5 members. The Director at the same time determines the time frame for the committee's work. When the committee has been appointed, the HR informs the applications of the composition of the committee, see encl. 3.



The Work of the Evaluation Committee

The evaluation committee must assess whether each applicant possesses the necessary scientific qualifications required for the position as stated in the advertisement. The committee composes an elaborate written assessment of each applicant, providing a balanced insight into the overall qualifications of the applicant with respect to the position, and concluding on the applicant's qualification for the position. If the members of the committee disagree on the evaluation of an applicant, this must appear from the assessment. The assessment should not prioritize the applicants. The chairman of the committee is responsible for coordination of the work and for ensuring that the set time frame for the process is met. The assessment is sent to the Director for approval, and from the Director forwarded to HR. Subsequently, HR will forward the individual evaluation to each applicant, see encl. 4.

Evaluation of Other Scientific Positions

Applicants for other scientific positions (at the level of Postdoc, Ph.D. student, or Scientific Assistant) are as a rule not evaluated by an evaluation committee. The Director may in specific situations choose to appoint an evaluation committee for other scientific positions (at the level of Postdoc, Ph.D. student, or Scientific Assistant).

EMPLOYMENT PROCESS

After completion of the evaluation process, the employment process for salaried positions within the job structure for scientific personnel proceeds along the normal guidelines of the Danish Cancer Society with respect to composition of appointment committee, employment interviews, selection of candidate, agreement on contract terms, and mailing of rejection letters. The selection of the candidate for the position is sought made within 3 months after the expiry of the application deadline. The selection must be made within 6 months after the expiry of the application deadline.

Correlation to the Work of the Evaluation Committee

The work of the appointment committee is of course based on the written assessments of the individual applicants made by the evaluation committee. The chairman of the evaluation committee may be part of the appointment committee if deemed relevant by the Director.

USE OF SEARCH COMMITTEE

In consultation with the Managing Director, the Director may, in special circumstances, appoint a search committee.

Composition of the Search Committee

The search committee is appointed by the Director, choosing 3 members of which at least one must be employed by a research institution other than the Danish Cancer Society. The Director appoints a chairman of the search committee among the 3 members and sets a time frame



for the committee's work. The chairman of the committee is responsible for the conduction of the search and must possess an academic level of competency at least comparable to the level required for the position.

The Work of the Search Committee

The committee must investigate whether a candidate for the position as Head of Research Unit, Junior Group Leader, or Senior Scientist exists with a higher level of qualifications than others who might be eligible for the position following an advertisement. If the search committee finds one such especially qualified candidate for the position, a written recommendation of the candidate is produced for the Director.

Evaluation of a Candidate, Selected by the Search Committee

Should the Director wish to offer the position to the proposed candidate, the person in question is contacted and proceeds through the normal evaluation process as described in the paragraph 'Evaluation of the Qualifications of the Applicants'. If the evaluation committee concludes that the candidate is more qualified than others who might be eligible after advertisement, the Director may fill the position without advertisement. Members of the search committee cannot participate in the evaluation committee.

