

Keynote: Ruth Prince

I am a social anthropologist, trained at the universities of Copenhagen, UCL and Oxford. Focusing on East Africa, my research interests include historical ethnography, Christianity, material practice and memory, kinship, land, gender and food security. Recent research focuses on development, humanitarianism and global health interventions in Kenya. I teach medical anthropology, the anthropology of development and the anthropology of Africa.

My current project is on Kenyan doctors and explores their struggles, as modern-day healers, to provide medical care in a context of scarce resources, widening socio-economic inequality, and weakened government health structures. I attend to the kind of medicine that they craft in these situations - to their ethics and engagements - and explore how their experiences of medical practice relate to their professional identities, their sense of public duty and their hopes for development. This research develops the ethnography of biomedicine and development in postcolonial Africa, paying attention to the ethical and moral dilemmas that constitute medicine in 'resource-poor' settings. It also attends to issues of citizenship, public morality and professional practice.

My completed Mellon fellowship explored the moral economies taking shape around transnational HIV interventions in a Kenyan city and related issues concerning hunger and food insecurity, urban poverty and intimate relations, NGOs and the Kenyan State, class and religious identities. I am interested in how urban public health interventions in east Africa are shaping spatial and temporal trajectories and imaginations of development, socioeconomic inequalities and aspirations, and economies of hope.

PANEL 1 Personhood and Care

Mette Freier Hansen, University of Oslo

Survival and patients' perceptions of prostate cancer among patients diagnosed with prostate cancer receiving treatment at Ocean Road Cancer Institute: A mixed-method study.

Prostate cancer is the most common cancer and the leading cause of cancer death among males in Tanzania. A majority of the prostate cancer patients in the country report to the hospital when they are in late stages of the disease and living with painful symptoms from metastasized disease, often in the bones. Health authorities have run awareness campaigns on the disease, however, screening services are only available in the largest cities, including Dar Es Salaam. In addition, studies have found that prostate cancer is surrounded by misconceptions, myths, and stigma in Sub Saharan Africa. Particular issues concerning rectal examination during screening and side effects to treatment, such as sexual or erectile dysfunction and incontinence are considered barriers for men to seek treatment. However, no qualitative research has been conducted on the topic of prostate cancer in Tanzania. Purpose: This study seeks to demonstrate patient perceptions of prostate cancer and the potential barriers to seeking help among prostate cancer patients receiving care at Ocean Road Cancer institute (ORCI) in Dar Es Salaam, Tanzania. Method: The findings of this study is based on an ongoing mixed-method approach. In-depth interviews with prostate cancer patients receiving treatment at ORCI will be conducted and thematic analysis will be used. The study includes investigation of clinical characteristics, treatment modalities and survival rates using a quantitative approach. Expected outcome: An improved understanding of how prostate

cancer patients perceive prostate cancer, barriers towards seeking help and towards disclosure of the disease in family and local communities.

My name is Mette Frier Hansen, and this is my MPhil thesis in International Community Health at the University of Oslo, Norway. I have a bachelor's degree in Nursing from Denmark, and I have work experience as an Oncology Nurse at Rigshospitalet in Copenhagen. My professional interest is in cancer, and particularly urological cancers in Eastern Africa. I have spent time in Tanzania, working at a local hospital prior to this thesis and this is where my interest for the country emerged. I am currently living in Aarhus, Denmark and I would like to be considered for financial support in travel from Aarhus to London and lodging in London. It would be a great pleasure to take part in your workshop.

Masha Denisova, Maastricht University

Cancer Care in Russia: swampy infrastructures and the role of private clinics for navigating patients

In contemporary Russia, citizens have a right to seek free-of-charge care across the country irrespectively of the place of residency. Patients, especially those with cancer, widely practice internal medical tourism to access adequate healthcare. It is because treatment opportunities such as access to chemotherapy or individualized treatment schemas are not equal across Russian regions. Recently, accessing cancer care outside of the residence region has been increasingly difficult due to the growing cases of hospitals' refusal to provide medical care to traveling patients. Moreover, cancer care in public hospitals is commonly characterized by outdated treatment schemas, shortages of medicines, time delays leading to patients' giving up on treatment. Against this background, more private healthcare organizations started to provide cancer treatment promising to bring evidence-based care to their patients. Drawing on two theoretical grounds, STS and informality studies, I explore the interrelations between private spaces, care, and evidence. In my ethnography of three private clinics in St. Petersburg and Moscow, I focus on how private spaces facilitate new knowledge practices and how these spaces are secured and maintained. Clinics I studied are embedded in the large professional network of trusted doctors and have patients traveling to them from all over the country. This allows them to navigate patients beyond private spaces and fill the gaps of public healthcare infrastructure. Importantly, these clinics heavily profile themselves as evidence-based oriented and take a critical stance towards the clinical guidelines imposed by the Ministry of Health, thus engaging in the epistemic politics of "reliable" evidence.

My name is Maria Denisova, and I am a sociologist by training. I obtained my BA in Sociology (Higher School of Economics, Moscow) and an MA in Social Anthropology (Central European University, Budapest). Meanwhile, I also worked as a junior researcher at the Laboratory for Studies in Economic Sociology and conducted and published studies on commercial surrogacy in Russia and childbirth with doula assistance. From the start of my PhD, I gradually transformed into an STS researcher with a strong professional interest in the topics of (oncology) care, epistemic politics, and healthcare infrastructures. Currently, I am working on my PhD research at Maastricht University that concerns oncology care infrastructures and politics of care in the non-democratic context. In my ethnographic research, I explore how private healthcare organizations dwelling on disruptions of the Russian healthcare infrastructure use private spaces and informal practices to secure innovations in cancer care. This project is a part of the Marie Curie Network research network called MARKETS that explores the development of new markets in post-Soviet spaces and the role of informal practices in these developments (<https://www.markets-itn.eu/>).

Lesego Kgatitswe, University of Witwatersrand

Engaging an African Feminist lens in understanding the lived experience of women diagnosed with breast cancer in Kimberley, South Africa

Amongst the many social problems experienced in Africa as a result of systemic violence, the continent must contend with cancer as an emerging epidemic. The increasing cancer-related deaths is a cause for concern. In general, there is a problem of poor knowledge and awareness of cancer, late detection and advanced stage of disease at diagnosis, under-resourced and understaffed healthcare systems, under-reporting and mismanagement of cancer registries, and a dearth of political will in addressing health inequities. Every year, 1.7 million women, worldwide, are diagnosed with breast cancer, making it the most common cancer among women with just over half of all cases occurring in middle to low-income regions (Ginsburg et al., 2017). In South Africa the life-time risk of breast cancer is estimated to be one in twenty-nine women (National Cancer Registry, 2011) and this is likely to have significantly increased. The World Health Organization considers breast cancer a public health problem and the South African Health Department has declared breast cancer a national priority (Breast Cancer Prevention and Control Policy, 2017). Using an African feminist lens, I seek to understand the illness experience of socially diverse women diagnosed with breast cancer in Kimberley, South Africa. By way of in-depth ethnographic interviews, from March 2020, I documented life stories with twenty-three women. I explore how various intersecting forms of marginality, culture and spirituality shape the meanings constructed around cancer, and how women cope and manage the illness. I draw from philosophical and theoretical concepts of *Botho* (humanity), *Gofelegetsa* (accompaniment/support) and sisterhood, which form part of the women's cultural milieu, and show how these strengthen local forms of resistance and resilience in disruptive and difficult moments in the illness experience.

I am a budding scholar and academic, born and grew up in the vibrant township of Soweto in Johannesburg, South Africa. I am committed to the social justice and academic project through progressive teaching, feminist research, and public sociology. My research area is in the Sociology of Health and Illness and my research interests are broadly around women's health and the socio-cultural drivers of health and illness. I am also interested in exploring creative and innovative research methodologies such as photo-voice, digital storytelling and applied theatre.

I have since worked for different research institutions in the area of health and peace-building such as the Medical Research Council (Gender and Health Unit), Human Science Research Council (HIV/AIDS, STIs and TB Unit) in various capacities. I am currently working as a lecturer at Sol Plaatje University, a newly established university. This role has provided a space for me and other emerging academics to be innovative and stretched. My goal is to complete my doctoral studies this year and develop my thesis into a book that can be widely accessible to the public.

Rebecca Henderson, University of Florida

Unstable Oncology: In Pursuit of Evidence-Based Cancer Care Amid Crisis in Haiti

Even as oncology in the global north becomes increasingly biotechnical, in the low-resource setting of Haiti, cancer resists expert knowledge and is, instead, always subject to uncertainties; mainstays of treatment are unavailable, therapies missed or miss-timed due to political unrest, lab results can be unexplainable, and chemotherapy may or may not arrive at all, on the back of a mototaxi. Using 22 months of participant observation at the two largest cancer treatment programs in Haiti during a period of extended social and political upheaval which involved political unrest, economic crisis, a presidential assassination, an epidemic of kidnappings, and an earthquake, I examine the intersection of cancer temporalities and life amidst ongoing crisis (Vigh, 2008; Bear, 2016). I further argue that as global oncology becomes increasingly standardized, attempts are made to

bring local practices into alignment with a global knowledge basis that “renders technical” (Rose, 1999; Li, 2007) the knowability/unknowability of cancer. Following Street (2011), I examine relationships between visibility, power, development, expertise and the replication of inequity through the relationships between new regulatory objectivities (Cambrosio et al. 2006; Moreira, May & Bond, 2009) and the clinical gaze (Foucault, 1964; Street, 2011) as well as the ways that illness is enacted (Mol, 2003). Finally, I examine the implications of these processes for cancer care in the global south.

Rebecca Henderson is an MD/PhD candidate in medical anthropology at the University of Florida. She is expected to receive her PhD in anthropology in April of 2022, and her Medical Degree in May of 2024. She is the recipient of an NSF Doctoral Dissertation Improvement Award for her research on the emerging field of oncology in Haiti, where she conducted research at IHI, a small NGO in Port-au-Prince, and at HUM, run by the large international NGO Partners In Health.

Discussant: Cecilia van Hollen

I am a social-cultural and medical anthropologist specializing in South Asia. My research focuses empirically on social and cultural dimensions of health, medicine, the body, and global and public health policy in India, and theoretically on globalization and modernity; feminism and gender studies; critical medical anthropology; and social inequality and power. My ethnographic projects examine the intersections of gender, class and caste in Tamil Nadu, South India through studies of maternal healthcare, HIV/AIDS and reproduction, and reproductive cancer care for women. My aim is to both expand the horizons of anthropology and South Asia Studies and to provide insights to policymakers working in global and public health.

PANEL 2 Social and material environments

Jennifer Fraser and David Reubi, King's College London

Elusive Environments: Shifting Notions of the Environment in Cancer Research in late and early postcolonial Africa

In 1979, founding director of the WHO's International Agency for Research on Cancer John Higginson was interviewed by Science magazine. In this interview, Higginson argued that his views of the role of the environment in cancer causation had been misunderstood. Addressing his now-famous statement that two-thirds of all cancers had an environmental cause, Higginson clarified that he did not see the disease as a consequence of industrial pollution, as many members of the burgeoning ecological movement did. Rather, when he spoke of the environment he was referring to a complex array of factors, both cultural and chemical, ranging from diet and agricultural practices, to social norms and individual behaviors. Higginson's decision to speak out on this subject points to an important issue within the history of cancer research: how exactly has the medical profession conceived of the environment and its role in carcinogenesis? To answer this question, this presentation explores how researchers understood and deployed the concept of environment in sub-Saharan Africa during decolonization—a region and time that witnessed extensive international research on the aetiology of cancer, and catalyzed Higginson's career and later ideas about malignancy and ambient risks. By highlighting the contradictory and confounding ways that researchers in Africa used the concept of “environment” in their work, we hope to paint a more nuanced picture of contemporary views on the relationship between place, space and human health—one that helps shed light on what happened in the period between the decline of

Hippocratically-oriented medical geography in the late nineteenth/early twentieth century and the advent of 1960s and 1970s “environmentalism.”

David Reubi is a Senior Lecturer at King's Department of Global Health & Social Medicine. Trained in sociology and anthropology at the London School of Economics, his work explores the politics of knowledge in contemporary biomedicine and global health. He is currently working on a Wellcome Trust-funded project on the Cartographies of Cancer. Twitter: @cancermaps

Jennifer Fraser is a historian of medicine and chronic disease epidemiology. Prior to joining King's College London's "Cartographies of Cancer" project team, she investigated the history of Arctic cancer reporting and how, during the twentieth century, northern Indigenous populations served as crucial sites of cancer knowledge production through which new etiological hypotheses could be tested, epidemiological methods perfected, and diagnostic technologies developed.

Luiz Alves, Fiocruz, Brazil

Mapping risk, imagining society: cancer, inequalities and the epidemiological imaginaries of the social in Brazil (1960 - 2000)

Brazilian medicine formulated many associations between cancer incidence and social interpretations throughout the twentieth century. Until the mid-century, physicians argued that the increase of mortality by neoplastic tumors was a sign of progress, an indication that Brazil could change its condition of sanitary delay. Since the 1960s, the institutionalization of epidemiology and the development of morbidity studies based on cancer registries data formulated a new scenario for imagining the disease and the country. Inequalities in health became vital to understanding the incidence and mortality for specific types of cancer, mainly due to the impact of the risk factor framework, the Latin American social epidemiology, and the Brazilian social medicine movement. This paper discusses how Brazilian epidemiology articulated debates on the impact of inequalities in health and research on cancer incidence and mortality to formulate interpretations of Brazilian society. I hypothesize that epidemiologists translated health inequalities as risk factors and formulated restrictive imaginaries on the population's living conditions, as the idea that cervical cancer is a problem of poverty and misinformation, neglecting other social determinants such as the difficulty of access to screening tests and follow-up. These imaginaries have direct impacts on policy planning and decision-making in cancer care. The research is based on archive sources of the National Cancer Institute (INCA), articles on specialized journals such as the Brazilian Journal of Oncology and the Review of Public Health, cancer legislation, and published data from cancer registries from the 1960s – when the first registries were created – to the early 2000s.

*I am a historian with a Ph.D. in History of Science and Health by Fiocruz (Rio de Janeiro/Brazil) and currently a post-doctorate researcher in the History and Health Observatory of Fiocruz, a laboratory of history of health, social medicine, and social studies of science (www.obs.fiocruz.br). My current research project is on the history of the concept of inequality in Brazilian epidemiology. I have published articles and chapters on the history of cancer in Brazil, such as “Still controversial: early detection and screening for breast cancer in Brazil, 1950-2010s” (*Medical History*, 2019), “Breast cancer in Brazil: medicine and public health in the twentieth century” (*Saúde e Sociedade*, 2020), and “Cancer prevention in Brazil: a social-conceptual-moral history of medical concepts” (*Contributions to the History of Concepts*, ahead of print).*

Shagufta Bhangu, King's College London

Formations of the Social: Cancer Hospital and its 'Community' in North East India

As the only cancer treatment and research centre covering a region of almost 5 million people,^[1] an area marked by linguistic, religious and ethnic diversity, the Cancer Institute operates within multiple social worlds. In its engagement, various notions of 'community' and 'care' ground the work at the hospital. Through an exploration of a range of encounters and interactions between the institute and its local world, this paper critically reflects on 'community' as imagined in the work of 'community outreach' and 'community medicine' while also tracing the social milieu of the region and analyses the forms 'care' takes in these efforts. I argue that the imagination and practices of care are channelised through different imaginations of subjecthood seen in examples such as that of a 'pre-cancerous subject,' a 'defaulted patient/subject' and an 'expired patient/subject, among others.' Each of these is envisioned as a failure in care, both personal and institutional even as renewed efforts are made for 'community outreach.'

In contrast to these normative and moral medical forces emanating from the Cancer Institute lie acts which resist expansion of biomedical power beyond the clinic's boundaries. These can be seen in patient and familial modifications of pharmacological regimes, refusal to adhere with testing and treatment, illness narratives which challenge disease categorisations and use of rhetoric in defying medical interventions in bodies and lifestyle. What we observe in these acts are forms of resistance which limit expansion of biomedical projects even at the cost of one's own life and those of loved ones but are nevertheless, forms of living and dying achieved on their own terms.

Shagufta Bhangu is a Postdoctoral Research Associate at the Department of Global Health and Social Medicine at King's College London. She is a member of the project team, Grid Oncology: Remaking Cancer Care in India for which she is currently conducting fieldwork in eastern India. Prior to joining King's, she completed her doctoral research on the medicalisation of pain and its resultant therapeutics in India from Shiv Nadar University in 2021.

Discussant: Kirsten Bell

A social anthropologist by training, I completed my PhD at James Cook University in Australia in 2000 based on fieldwork in South Korea on Chondogyo, one of the country's many new religious movements. I continued to work in this area until 2006, coinciding with a move to Canada, when I moved into the anthropology of health and medicine.

Since that time my research has focused primarily on bringing an anthropological lens to bear on smoking – both on tobacco use itself and efforts to eradicate it (especially tobacco 'denormalization' strategies). I also have a similar interest in cancer – both how it is experienced and how it is intervened into – especially in the 'survivorship' phase. I am also interested in research ethics and the processes that shape academic knowledge production more broadly - especially scholarly publishing infrastructures.

Prior to joining the Anthropology Programme in the Department of Life Sciences at the University of Roehampton, I held academic appointments in anthropology departments at the University of British Columbia in Canada, Macquarie University in Australia and University of Northern Colorado in the USA.

PANEL 3 *Beyond the clinic*

Ying Chen (Online), National University Singapore

On the Self-cultivation of a Cancer Survivor: Qigong, Empowerment, and Politics of Patient Organizations in China

Although Qigong is not highly regarded in the conventional medical system, it has long been practiced and promoted by patients, particularly those suffering from cancer. However, few social science studies have examined how Qigong discourses are related to cancer treatment. This article summarizes the findings of a 13-month ethnography of a cancer organization that evolved from a 30-year-old Qigong practice group. Drawing on concepts of the self-cultivation, this article presents how cancer patients turned Qigong from an integral part of traditional culture into an area of spiritual and material social support for their survival in a desperate situation. These include specific questions about how Qigong is medicalized, how validity is established, how they respond to validity challenges, and the effects and impacts of medicalized Qigong. My main argument is that through the practice of Qigong, patients acquire a theory of body that later forms a new understanding of what it means to be a cancer patient. There are three levels of analysis. The first level is medicalizing Qi as an ideology where being healthy is the same as being an ethical person. The second level is Qigong as body techniques that physically influence health and well-being. Thus, it is crucial to understand how Qigong is attached to the Chinese medical system, primarily Western medicine and supplemented by traditional Chinese medicine. The third level is the social network of Qigong practitioners. Qigong's unique teaching method and group practice requirements contributed to the beginning of the sociality or grouping of Chinese cancer patients in the 1980s. I also demonstrate how Qigong, which is associated with the medical system, has survived in the Chinese political environment through this research.

Ying Chen is a PhD candidate from Department of Sociology in National University of Singapore. She is broadly interested in health, religion, politics, and ethnography. She has written in Journal of Historical Sociology, Social Science and Medicine Qualitative Research in Health, and Modern China.

Zahra Hayat (Online), University of Berkeley

Palliative Encounters': Access, opiates, and spaces of impossibility in Pakistan

There is an epidemic of unpalliated pain among those with late-stage cancer in Pakistan, the world's fifth most populous country. This end-of-life scenario persists even though morphine—an opioid pain-relieving drug—is extremely cheap, and not protected by patent. And it persists even though heroin, an illegal drug made from morphine, proliferates in the illicit sphere in Pakistan. The paper addresses this paradox—and scandal—of access by situating the clinic within contexts not just of global structural inequality, but of national laws and regulations emerging from regional geopolitical entanglements and histories of militarized control. Via three “palliative encounters”, I show the milieus of constraint and impossibility within which government officials, corporate personnel, medical professionals, and the kin of those with terminal cancer attempt to both obtain, and provide, access to morphine.

Zahra Hayat just completed her PhD in Anthropology at UC Berkeley. Her work focuses on questions of access to medicines, with an ethnographic focus on Pakistan. She is trained as a lawyer, and before starting the PhD, practiced law in the San Francisco Bay Area for four years. This July, she will be joining the Department of Anthropology at the University of British Columbia.

Nicholas Stepney, King's College London

Treatment as Prognosis: Pain Logics and Morphine's Temporal Imagination in Northwest India

Pain is a common feature of cancer, particularly in regions such as northwest India, where, for much of the population, the healthcare infrastructure is not set up to detect the disease in its early stages. In this paper I begin to analyse the temporalities of cancer therapeutics, in particular the painkiller morphine, in this context. This drug has been labelled by the WHO as 'gold standard' in pain relief, and is cheap to both manufacture and distribute. Yet is often absent from healthcare scenarios such as this.

It is commonly argued in the literature on morphine use that this is because the cancer pain exhibited by Indian patients is either missed by healthcare workers or is otherwise ignored. By analysing two sites from fieldwork undertaken in a cancer hospital, I argue that pain is in fact crucial to much of the work done. I argue instead that the clinical practices and ideas around pain (its *collapse* into pathology) give morphine a temporality that informs its absence. While the drug is difficult to access in this context for myriad reasons, the fact that where it is used it is often withheld until 'late stage' disease, inscribes upon morphine a temporal symbolism that renders it deeply unappealing to both doctors and patients. Amidst linear biomedical notions of cancer progression from health to illness before then recovery or death, these practices, I argue, serve to construct a temporal imagination of morphine as equivalent to a death sentence.

Nick Surany Stepney is a PhD Student in medical anthropology at the department of Global Health and Social Medicine at King's College London. His research concerns morphine use in northwest India. Working with hospital doctors, regulators, and pharmaceutical companies, he aims to understand how morphine circulates in this region; in particular how it is produced, regulated and consumed, and the imaginations of the drug that inform these circulations.

Maya Raphael and Igancia Arteaga (part online), University of Cambridge

Negotiating notions of 'justice' in early cancer detection research

Members of the public are at the heart of any early cancer detection effort; they are pivotal to making early cancer detection approaches socially acceptable and increasing the uptake of detection technologies. In this context, the historical exclusion of underrepresented groups in cancer research has become a growing area of concern for some researchers, funders, and health professionals in welldeveloped clinical research infrastructures as they strive for increased generalizability of their research findings across different populations. This paper asks how researchers and outreach practitioners negotiate notions of justice in their relationships with so-called 'underserved communities' in early cancer detection research. We review two ongoing ethnographic case studies conducted in the context of a year-long multidisciplinary study on 'engagement' and 'participation' in the USA and the UK. In both cases, the centres strive to create more symmetrical and less extractive research partnerships within seldom heard communities, at the same time that they struggle against wider institutional mechanisms defining the desirable scope of work, temporality of 'impact' metrics, and available funding. Ultimately, we argue that a situational account of justice that embraces the social worlds of both, researchers and members of the public, might enable us to overcome entrenched boundary-work practices that have defined current approaches to increase research participation and engagement in terms of quick-fixes and projected deficits on the population, making participation in early cancer detection research potentially worthwhile for those who live through it.

Ignacia Arteaga is an Affiliated Lecturer at the Department of Social Anthropology, University of Cambridge. She is also a research fellow at Robinson College, Cambridge. Ignacia's current research concerns the practices of multiple stakeholders involved in the fields of cancer detection and care in the UK. She is also the lead investigator of "Represent: A Community Engagement Roadmap to Improve Participant Representation in Cancer Research Early Detection". This is a collaborative and comparative research project in the USA and the UK funded by the International Alliance for Cancer Early Detection. You can read more about Ignacia's research at www.anthced.com

Maya Raphael is a Research Assistant at the Department of Social Anthropology, University of Cambridge. She received her BA (Hons) in Human, Social and Political Sciences from the University of Cambridge (with first-class honours), and her MSc in Health and International Development (with first-class honours) from the London School of Economics and Political Science. She is currently working on the ACED funded project "REPRESENT: A Community Engagement Roadmap to Improve Participant Representation in Cancer Research Early Detection". Broadly, Maya's research focuses on the intersections of health, marginality and the state, exploring questions of ethics, justice and trust that arise from these complex power dynamics.

Discussant: Marissa Mika

Marissa Mika is a writer, researcher, and historian-ethnographer who focuses on the intersections of science, medicine, technology, and power. Since 2002, she has worked in eastern and southern Africa on the politics of global health research. In 2019, she directed the humanities and social sciences program at the University of Global Health Equity, a new health education center in Rwanda. She is a visiting scholar at the Center for Science, Technology, Medicine and Society at the University of California, Berkeley. Her book, *Africanizing Oncology*, tells the remarkable story of the Ugandan Cancer Institute.

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PANEL 4 Technologies and infrastructures

Fabien Provost, King's College London

The Nuclear Hospital: How Atomic Research Reshapes Cancer Care in India

The number of cancer patients in India is currently undergoing an exponential growth. According to Indian research institutes, the number of cases has almost doubled over the past twenty-five years and the mortality rate associated with cancer keeps growing every year. To tackle this issue, authorities have launched various partnerships with the purpose of streamlining disease management protocols throughout the country. One important network is the Tata Memorial Centre (TMC): there are officially nine TMC hospitals spread across six different states. Although their aim is to tackle a major health issue, these hospitals do not respond to the Ministry of Health and Family Welfare, but to the Department of Atomic Energy. Since 1962, indeed, TMC hospitals have been funded and controlled by this arm of the Indian government.

On their website, TMC mentions through his director, C.S. Pramesh, that the department has been providing “unstinting support over the years, enabling us to respond to changing times and adapting our strategy to the country's needs”. Although this affiliation is displayed as somewhat unproblematic, it raises questions concerning the way cancer is being framed, and cancer patients managed. Based on four months of fieldwork at the brand new, heavily equipped TMC hospital of Varanasi (Uttar Pradesh), this paper aims to examine how research priorities emanating from

the DEA, and particularly the promotion of nuclear medicine as both a diagnostic tool and treatment option, transform cancer care practices in TMC hospitals.

*Dr Fabien Provost is a postdoctoral research associate in the Department of Global Health and Social Medicine, King's College London. He is a member of the Wellcome-funded project "Grid Oncology: Remaking Cancer Care in India". His thesis in social anthropology, based on 12 months of fieldwork in three North-Indian hospitals, explores the intersection of medicine and the law by focusing on the practice of forensic medicine in morgues. The results were published in several peer-reviewed journals and a book entitled *Les mots de la morgue: La médecine légale en Inde du Nord* (éditions Mimésis, 2021). As a member of Grid Oncology, Fabien now conducts investigations in two cancer hospitals of the city of Varanasi (Uttar Pradesh), to understand the contemporary transformations of oncological practice in India.*

Thandeka Cochrane, King's College London

Caring for data/ data as care: the politics and practice of cancer data in an African country

As the global health machinery grows, epidemiological data plays an ever-increasing role in the management of global health efforts across the world. This is particularly true when it comes to cancer. Cancer data plays a significant, yet often silent, role in cancer management, control, treatment and care. This paper looks at the places where the majority of this cancer data, that so many rely on, comes from: Cancer Registries. Focusing on African cancer registries the paper interrogates the relationships of care that are built in and around data. In the first section it shows how African cancer registrars view their own work and data production as fundamental to the practices of cancer care in their countries, illuminating their own subjectivities and agency as carers and cancer advocates, as well as the political stakes of cancer data. The second section examines how cancer registrars care for data, emphasising what they consider the profound labour value of data and their desire to protect this data, as the product of their labour, at all costs. In this, the paper brings to the fore the important role of data in the political stakes of cancer worlds, whilst asking how we can reconceptualise the relationship between numbers and care.

Thandeka Cochrane is a postdoctoral researcher at the Department of Global Health and Social Medicine, King's College London. She is currently working on the Wellcome Trust project 'Cartographies of Cancer: epidemiologists and malignancy in sub-Saharan Africa' (<https://cartographiesofcancer.org/>). She completed her doctoral thesis in 2020 at the University of Cambridge on libraries and literacy in rural Malawi. Her main research interests are in colonialism, post-colonialism, the circulation of knowledge and epistemic justice. As a member of the Cartographies of Cancer project, Thandeka has engaged in archival work across the UK and is currently undertaking fieldwork at numerous cancer registries in East Africa.

Ros Williams, University of Sheffield

From disparity to diversity? Exploring global inequities and enactments of 'race' in blood cancer stem cell transplantation

The 'gold standard' blood cancer treatment—stem cell transplantation—provides a nexus for exploring moments of (i) global disparity in cancer treatment provision, (ii) assertions of 'race' as a biologically consequential category and (iii) activism in civic society as patients seek to address systematic inequities through 'diversifying' stem cell registries. This paper draws together these different moments through analysis of data collected in an ongoing Wellcome Trust research fellowship.

It begins with an overview of stem cell transplantation: whilst reliant on a global stockpile of immunities (Brown *et al.* 2011) in the form of stem cell registries, transplants remain an expensive treatment not available globally (WHO 2020). The system also disproportionately underserves racially minoritised patients, even in countries where the treatment is available. The paper then offers critical consideration of how race is enacted as an organising principle in this stockpile; matching donors/recipients are thought to share common “ethnic ancestry”, leading recruitment work to target racially minoritised groups in a manner that asserts race as a biological, not social, category (Williams 2018; 2021). It also considers how patients without matching donors mobilise traditional and social media to encourage stem cell donor registrations, as patients effectively become a node in the effort to ‘diversify’ a global stem cell registry that has historically underserved racially minoritised patients.

The paper argues for understanding stem cell transplantation—a well-established treatment of which some 40,000 take place annually in Europe alone—as an important, but neglected, window into the global political stakes of cancer today.

Ros Williams is a Lecturer in Digital Media and Society, and currently a Wellcome Trust Research Fellow in the Department of Sociological Studies at the University of Sheffield. Her research interests are in race, biomedicine, and the technologies, data and practices that connect them. Currently, Ros is working on a project (<https://mixandmatch.blog>) exploring how race is mobilised in the digital and face-to-face recruitment of donors to stem cell registries, which are used to treat blood cancers.

Violeta Argudo Portal, Institute of Public Goods and Policies, Spain

Testing cancer, testing genomics: multi-gene panels for breast and ovarian cancer in Spain

The medical specialty of clinical genetics does not exist in Spain nowadays. As the newspapers show, the Spanish Association of Human Genetics claims the Health Ministry to recognize and formally establish such a specialty. However, the lack of professional regulation and organization or restrictive biomedical legislation forbidding any genomics tests without proven clinical utility in Spain does not stop genomics and commercial endeavors in genomic testing in reproduction, DTC, or oncology. As part of a project that explores the relationships between genomics and the future through the study of medical genomics testing, a case study on breast and ovarian cancer testing is located. This research builds upon medical anthropology, sociology, and science and technology studies. Drawing upon document analysis and interviews with researchers involved in precision medicine initiatives in cancer, we aim to delve into the realm of ovarian and breast genomics testing. By exploring genomic tests, we are unfolding the testing of genomics and the settings in which they are deployed. We are particularly interested in studying multi-gene panel configurations as the basis for these tests (in research projects, oncology precision medicine initiatives, or commercial labs). More broadly, our research aims to explore how genomics instability, spatiality, multiplicity, and complexity are held and stabilized in one of the few realms in which genomics susceptibility and predisposition remain strong clinical categories despite the general uncertainty: breast and ovarian cancer. This exploration touches on several of the workshop themes.

Violeta Argudo-Portal is an anthropologist and ethnographer of science and biomedicine. She is currently a Postdoctoral Research Associate at the Institute of Public Goods and Policies (IPP), Spanish National Research Council (CSIC). Her work at the IPP is linked to two projects on genetic susceptibility and the future of genomics (PI: Mauro Turrini). Her research has revolved around the study of biomedical research infrastructures and biomedicine in the making, particularly biobanks, T-cell immunotherapy, and precision medicine. In 2021 Violeta earned her Ph.D. at Universitat Autònoma de Barcelona with the thesis: Biomedicine in the making: a qualitative

study about biobanks as infrastructures for biomedical research. Her thesis presents two years of ethnographic research on biobankers' daily work and concerns, merging STS and social anthropology. She holds a MA in Global Thought, Columbia University in the City of New York (Fulbright Fellow) and a BA in Social and Cultural Anthropology, Universitat de Barcelona.

Solenn Thircuir and Heloise Pillayre, Université Claude Bernard Lyon 1 and Centre Léon Bérard in Lyon

Building the Europe of Cancer: The Scientific and Political Dimensions of the Constitution of European Networks on Rare Cancers

The European Union is increasingly involved in cancer care and research issues, even though health is originally a prerogative of the Member States. To this aim, the EU uses multiple kinds of mechanisms, from research funding to the more recent structuring of crossborder healthcare networks for rare cancers, the European Reference Networks. Indeed, rare diseases are at the forefront of this Europeanization process, insofar as rarity requires the pooling of resources, knowledge, technologies and specific know-how (scientific, clinical, financial, etc.). By focusing on the constitution and functioning of both scientific and more institutional networks on rare cancers, more specifically focusing on the fields of pediatric cancers and sarcomas, this communication aims to question the intertwining of scientific and political dynamics that have presided over the constitution of this new space of governance of care and innovation, by asking how this space is traversed by a greater circulation of knowledge and patients, but also by new issues of power and inequities between people and between territories. To deepen these questions, this communication is based on the analysis of a corpus of 30 semi-structured interviews carried out in 2021 and 2022 with the main actors of these networks: European oncologists specialised in oncopediatrics and sarcomas, and members of the European Parliament and of the European Commission that have participated to fund and structure some of these networks. Furthermore, the objective is to bring together two kinds of literature to understand this transformation of the territorial management of care and innovation in oncology: the sociology of science and technology around the networking of scientific activity, coordination and standardization issues surrounding the production and circulation of knowledge on the one hand; and the political sociology around the construction of a Europe of innovation and care on the other hand.

Solenn Thircuir is currently a Postdoctoral Researcher at the Université Claude Bernard Lyon 1 and she received a PhD in Sociology from the Ecole des Hautes Etudes en Sciences Sociales in June 2020. As part of her postdoctoral studies at the Léon Bérard Center for Research and Cancer Treatment, she has been part of a collaborative research with the Institute for Advanced Studies, Vienna and a European research on healthcare in the field of pediatric and rare cancers with Dr Héloïse Pillayre. This project aims to analyze the challenges of standardization in the field of pediatric and rare cancers at the French, European and International levels.

Héloïse Pillayre is a sociologist, broadly interested in the circulation of knowledge and in power relationships in the fields of health and law at the local, national and transnational levels, in the global North and in the global South. She is particularly interested in the processes of (in)visibilisation of various health issues across the political, legal and medical arenas. She received her PhD from the Ecole des Hautes Etudes en Sciences Sociales in September 2017 and is currently a postdoctoral researcher at the Centre Léon Bérard in Lyon, where she works with Solenn Thircuir on the Europeanization processes of research and healthcare in the field of rare cancers, aiming to understand how various European actors deal with the concept of rarity in the context of precision medicine.

Discussant: Noémi Tousignant

I came to UCL in 2018 with a Wellcome Trust University Award. I previously held postdoctoral positions at the Université de Montréal, the London School of Hygiene and Tropical Medicine and the University of Cambridge. My recent book, *Edges of Exposure* (Duke 2018), was awarded the Society for Social Studies of Science Ludwik Fleck Award for 2020. I co-edited *Traces of the Future* (Intellect 2016), on the traces and remains of medical science in Africa, as well as special issues on the materiality, temporalities and ethos of health and scientific work in *Science as Culture, Africa* and the *Canadian Journal of African Studies*. Other articles in *Social History of Medicine*, *Comparative Studies in Society and History* and *Social Studies of Science* focus on pharmaceuticals, laboratories and medicinal plant research in Africa.

Chair: Carlo Caduff

Dr Carlo Caduff is a Reader in the Department of Global Health & Social Medicine. He also serves as the Director of Postgraduate Research Studies and Chair of the Culture, Medicine and Power (CMP) research group. Carlo is an affiliate of King's India Institute and Visiting Faculty at the Graduate Institute Geneva. He received his PhD in Anthropology from the University of California at Berkeley.

His first book, *The Pandemic Perhaps*, shows how pandemic influenza became a global threat. Articles on biomedicine, bioscience and biosecurity have appeared in journals such as *Cultural Anthropology*, *Current Anthropology*, *Critical Inquiry*, *BioSocieties*, *Annual Review of Anthropology*, *Cambridge Anthropology* and *Anthropological Theory*. He is the co-editor of a *Current Anthropology* special issue on new media.