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JNCI

*Journal of the
National
Cancer
Institute*

Middle East Cancer Consortium Stays on Track to Collect Data

The Middle East peace process fluctuates like a patient in a fever, so it may be no accident that one little-noticed sign of progress comes from a regional effort in medical research.

The Middle East Cancer Consortium (MECC), formed in May 1996 and operational by January 1997, is a project of the health ministers of Cyprus, Egypt, Israel, Jordan, and the Palestinian National Authority and has strong support from the United States. The consortium seeks to improve cancer surveillance in the region, share information about the disease, and train people to study and combat it.

"The political process serves as an umbrella for medical cooperation," said Khamis El-Najjar, M.D., a hematologist and director general of the Ministry of Health for the Palestinian National Authority in the Gaza Strip. "Doctors can play a good role in the peace process."

Cancer rates are lower in the Middle East than in developed countries largely because cancer is a disease of old age, while half the population in the Middle East is under age 20. But as health care in the region improves and people live longer, cancer rates will rise.

There are good scientific reasons for getting cancer specialists in the region together. Researchers want to look more closely at regional patterns of disease, said Michael Silbermann, D.M.D., Ph.D., an oral surgeon on the faculty of medicine at the Technion-Israel Institute of Technology in Haifa, Israel, who is the executive director of the MECC.

For instance, bladder cancer is unusually prevalent in Egypt, accounting for more than 40% of cancer cases in men. The disease is linked to schistosomiasis (a water-borne

parasitic disease), said Amal Samy Ibrahim, M.D., an epidemiologist at Cairo University. In addition, those tumors are harder to treat because cancer patients harboring the parasites cannot tolerate normal doses of chemotherapy.

Even once the water supply is made safe, said Ibrahim, it will take 20 years before there is an impact on bladder cancer.

Similar diseases may manifest themselves differently in different countries. In Israel, for example, Jewish women of eastern European ancestry show a higher incidence of inherited breast cancer. In Egypt breast cancer seems to occur in younger women and is diagnosed at more advanced stages, said Silbermann.

This raises a number of questions, he said: To what extent is the disease based on genetics versus environmental factors? What role do nutrition, age at marriage, childbearing, nursing, and contraception play?

Cultural Differences

In fact, cultural practices specific to the region may influence the incidence of cancer, said Federico Welsch, M.D., Ph.D., associate director for International Affairs at the U.S. National Cancer Institute. For instance, the Middle East has more cousin-to-cousin marriages than elsewhere in the world and so sees higher rates of genetic diseases than anywhere else, including lymphomas and childhood cancers.

Despite these intriguing epidemiological patterns, the lack of good data hampers policymaking regarding cancer. To remedy that deficiency, consortium members began a regional cancer registry last January. Information from the registry -- on incidence, staging, survival and mortality -- will help everyone make better public health decisions, said Silbermann.

The MECC registry will start life as a virtual project, not centralized but linked electronically to all members. Support comes from participants and from the United States. The NIH/NCI is contributing \$500,000 a year for 5 years and the U.S. Agency for International Development has just approved a grant totaling \$1.05 million for 5 years. The cancer registry will cost \$400,000 a year.

Another \$300,000 will support small grants (up to \$15,000 each) to help on-going research or initiate pilot projects. Research proposals will be selected by scientific peer-review panels, and the evaluation board will place special value on proposals that include collaboration across borders in ranking grant applications.

Beyond Politics

Not unexpectedly, the larger political setting of the Middle East hovers behind the organization's activities. On one hand, the ups and downs of the peace process can advance or retard attempts to build bridges. At the same time, progress in non-political arenas (like the MECC) may pave the way for wider political success. The scientists who met in Washington, D.C., in May seem remarkably hopeful, whatever the message of the day's headlines.

"MECC is an example of how people who want to achieve something can work together," said Egypt's Ibrahim. But he also cautioned that MECC can only succeed "if there is equal opportunity among the parties and no desire to dominate" the organization.

"I see the work of the Consortium idealistically," said Bracha Rager, Ph.D., chief scientist at Israel's Ministry of Health in Jerusalem. "We can look at the same problems of people living in the same area. This is what's most important."

So, slow as they might be, steps toward cooperation in the Middle East move ahead against the common enemy for a change.

"Bringing people together is better than bringing governments together," said Samir Al-Kayed, M.D., a radiation oncologist with Jordan's Ministry of Health. "The peace process goes up and down but the MECC plows straight ahead. It reflects the real needs of the area because it is humanitarian rather than political."

-- Aaron Levin



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