

Introduction to MECC

The Middle East Cancer Consortium (MECC) was established in 1996 when the Ministers of Health of Egypt, Israel, Jordan, Cyprus and the Palestinian Authority signed the agreement for the establishment of MECC, while the U.S. Secretary of Health and Human Services witnessed the signature ceremony. Turkey joined the Consortium as a full member state in 2004. The main goal of the new Consortium was to develop regional cooperation and to lessen the burden of cancer in the Middle East. Following continuous deliberations it was decided that the development of a cancer registration network across borders would be the first feasible project to initiate. Except for Israel, most of the other countries in the Consortium had only started with local endeavors of setting up, for the most part, a hospital-based registry.

MECC has established, along with the respective Ministries of Health, local centers for cancer registry in each country: Amman, Tanta, Jerusalem, Beit Jala (West Bank), Gaza (Gaza Strip), Nicosia and Izmir. The major goal in the first years was to educate and train a nucleus of registry people in each country which was successfully established via repeated training courses in the region and the U.S.A., led by Dr. John Young from Atlanta, GA. An additional important issue related to the standardization of the coding and classification and the usage of one computer program that would enable, in the future, comparative studies between the countries. In order to coordinate the work of these 7 states, MECC has appointed a Chairman of a Steering Committee for the Joint Cancer Registration Project. The latter's responsibilities were to provide overall supervision of the scientific direction of the project, to keep the contact across borders and to organize the yearly meetings of the Regional Cancer Registry Project, which used to rotate between the various capitals in the Middle East or at IARC in Lyon. Further, in each cancer registry center one person was appointed to serve as the Principal Investigator who also served on the Steering Committee. The frequent interactions between the P.I.s and the cancer registry staff in the different countries served as a good vehicle for the development of better understanding between the individuals involved, be they physicians, nurses, secretaries, statisticians or others. The scientific aspects of the regional cancer registry program have been supported immensely by Dr. Brenda Edwards, Assistant Chief of the Division of Cancer Control & Population Sciences and her dedicated staff at NCI, Bethesda, MD. Drs. Young and Edwards serve as members of the Steering Committee.

The policies associated with the present and future work of the registry project are set by the MECC Board of Governors (1 representative from each member state): The Board of Governors bears the responsibility to approve the annual budget of each center, add special allocations for new equipment, assign the budget for the annual meetings and discuss all other initiatives and proposals associated with the registry project. The greater part of MECC's annual budget is allocated to the registry project, and it is NCI, Bethesda, through which the money is channeled to MECC. Following the successful initiation of the regional cancer registry project, MECC has adopted "Palliative Care for the Cancer Patient" as the second regional project. In principle, the mode of activity, at least in the beginning, will be similar to that described above for the Cancer Registry Project.

Since MECC is supported directly by NCI, which is a research institute, the expectations are always that a program funded by this institute will eventually yield a tangible scientific product.

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