

## CANCER REGISTRATION IN THE MIDDLE EAST

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There is now extensive knowledge about cancer incidence in the Western and certain other parts of the world, and this comes from high quality population-based registries established in these countries. Such knowledge is not currently available in most developing countries and is particularly sparse in the Middle East.

The Middle East Cancer Consortium (MECC) (with membership comprising Cyprus, Egypt, Israel, Jordan, and the Palestinian Authority (PA)) was established in Geneva on May 20th, 1996 through an agreement signed by each member's Ministers of and witnessed by the U.S. Secretary of Health and Human Services and by the Director of the U.S. National Cancer Insti-

tute (NCI) of the U.S. National Institutes of Health (NIH). The goal of this new intergovernmental organization is to increase knowledge and decrease the burden of cancer in the Middle East.

One of its first activities pursuant to this is the establishment of cancer registries and development of linkages among these, as a critical step in public health planning, research, and the establishment of effective cancer control programs. Further light on many questions regarding cancer incidence can be shed by collecting reliable and complete data and making comparisons between incidence and mortality rates of the MECC members, and also with data from Europe and America. A particular hazard in uncontrolled comparisons is the widely different age distributions in the five registry areas (Table 1). The populations of Egypt (Gharbiya region), Jordan and the PA include a much smaller proportion of the elderly (9-13% over the age of 50 y), compared to Cyprus and Israel (20-25% over 50 y). For this reason alone one would expect to see differences in crude incidence rates of cancers between these countries, and age adjustment is a prerequisite to proper understanding of the comparative data.

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Table 1: Populations' Age-Distributions (% of total) in the various MECC countries.

Age (years)	Cyprus (1995)	Egypt (Gharbiyah) (1996)	Israel (1995)	Jordan (1995)	Palestinian Authority (1996)
0-14 Children	24.8	38.6	29.5	40.7	47.8
15-30 Young adults	21.6	27.1	24.9	32.9	27.3
30-50 Adults	28.7	21.7	25.6	17.0	15.8
50-70 Middle Age	17.4	10.4	13.6	7.5	6.7
70+ Aged	7.5	2.1	6.4	1.5	2.3
Total	100.0	99.9	100.0	99.6	99.9

The project opened on January 1st, 1998. One of the main tasks is to achieve data comparability. The MECC members agreed to a Manual of Standards for Cancer Registration which sets out the data collection and coding methods that all of the registries use. A training program was initiated to teach registry staff the principles of cancer registration as laid out in the Manual. Five of the six registries use common software, a version of CANREG developed by the International Agency for Research in Cancer (IARC). Exercises are conducted to evaluate the comparability of medical records abstracting and coding. In addition, external assessors will conduct exercises to assess the levels of completeness and accuracy of the data at each registry.

Any project to develop a cancer registry is necessarily a long-term one. It is recognized that some

years will pass before the data are of sufficient quality and completeness to provide a basis for reliable comparisons with other registry data. In the interim, MECC is conducting comparisons of the longer-established registries and will gradually increase coverage of the other registries as the project proceeds. The first interim comparison, that of Jordan's and Israel's 1996-7 data is now in progress, in collaboration with the NCI.

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